



**North Carolina Department of Health and Human Services**  
**Division of Mental Health, Developmental Disabilities and Substance Abuse Services**

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Michael F. Easley, Governor  
Carmen Hooker Odom, Secretary

Michael Moseley, Director

June 25, 2004

**MEMORANDUM**

**To:** Area/LME Directors  
Substance Abuse Directors  
NC-TOPPS Coordinators and Contacts

**Through:** Michael Moseley, Director

**From:** Flo Stein, Chief,  
Community Policy Management

**RE: SFY 2004-2005 NC-TOPPS Information**

I am pleased with your continued participation in the North Carolina Treatment Outcomes and Program Performance System (NC-TOPPS). With the expansion and success of NC-TOPPS, more programs are beginning to use NC-TOPPS Assessment Forms for additional substance abuse populations. **Starting on July 1, 2004, the High Management Adult specialty population group has been added to the five groups for whom NC-TOPPS must be completed.** The other five groups include CASAWORKS, Maternal/Pregnant, MAJORS, Methadone and TANF Work First. The web-based data collection system is also being rolled out statewide. We encourage all area programs/LMEs to participate in this online system as technical specifications are met. Thank you all for your assistance in the implementation of this important outcome and quality improvement initiative.

This correspondence provides you with the SFY 2004-2005 NC-TOPPS Initial and Update Assessment Forms and accompanying Training Manual and Resource Guide. In addition, you are receiving a training flyer and registration form with the dates and locations of NC-TOPPS trainings. **I want to remind you about including NC-TOPPS on your Notice of Privacy to clients.** I also would like to share with you our efforts to provide a Web-based electronic submission of NC-TOPPS for mental health clients.

**July 1, 2004 NC-TOPPS Assessment Forms and Training Manual and Resource Guide**

As of **July 1, 2004**, your staff should begin using the new, revised version of the forms on all NC-TOPPS clients. Please distribute the Initial and Update Assessment forms and Training Manual and Resource Guide to your NC-TOPPS coordinator(s) and clinicians. It is important that your clinicians use only the 7/1/04 Revision of the forms during this upcoming state fiscal year. **Your NC-TOPPS coordinator and clinicians should discard any unused Initial and Update Assessment forms dated 7/1/03 or before.**

The following purple attachment provides details and other important information about the revisions of the NC-TOPPS Initial and Update Assessment forms.

## **NC-TOPPS Training**

The training will focus on the newly revised forms. This three and one-half hour training will benefit those new to NC-TOPPS. We recommend that not only counselors attend, but administrative, quality improvement and medical records staff attend the training as well. It is important for program staff to be familiar with NC-TOPPS. ***Please inform all new staff and recommend their attendance at one of the two training sessions.*** A Training Flyer (blue sheet) and a Training Registration Form (pink sheet) are enclosed for your distribution. Credit hours will be received through the NC Substance Abuse Professional Certification Board.

## **Notice of Privacy – HIPAA**

I also want to remind you to include NC-TOPPS on your Notice of Privacy to clients in accordance with HIPAA regulations.

## **Online Web-Based System**

For your information, we are offering a Web-based electronic submission for completing the NC-TOPPS assessment forms. We are expanding the use of this Web-based system to any area program/LME interested and who meet the technical specifications. If your program is interested in implementing the Web-based electronic submission method, please contact Mindy McNeely by telephone (919.515.1303) or email: [Mindy\\_McNeely@ncsu.edu](mailto:Mindy_McNeely@ncsu.edu)

## **Mental Health Expansion of Web-based Data Collection**

***Beginning in SFY 2005, the NC-TOPPS web-based data collection system will be expanded to capture performance and outcome measurement for mental health services.*** All NC-TOPPS information will become part of the Division's client data warehouse.

The plan envisions an enhanced NC-TOPPS that includes designated mental health population-specific measures. It will become the chief method of collecting the information necessary for accountability, quality improvement, and Division and local management of the State's substance abuse and mental health clients. The strategy includes progressive rollout of the integrated web-based system in the first three-quarters of SFY 2005, with full implementation being completed no later than June 30, 2005.

Phase-in of LMEs and providers will occur in three stages to maximize the Division's ability to properly provide training, support and technical assistance during this transition. As providers are trained and approved to move onto the enhanced web-based NC-TOPPS, they will immediately stop using the paper based Consumer Outcomes Inventory (COI) System.

Attachments: NC-TOPPS SFY 2004 – 2005 Initial Assessment Forms (yellow)  
NC-TOPPS SFY 2004 – 2005 Update Assessment Forms (green)  
NC-TOPPS Training Manual and Resource Guide (buff)  
Explanation of Revisions to NC-TOPPS Assessment Forms (purple)  
NC-TOPPS Training Flyer (blue)  
NC-TOPPS Training Registration Form (pink)

Cc: Carmen Hooker Odom, Secretary  
Lanier Cansler  
Jim Bernstein  
Executive Leadership Team  
Carol Duncan-Clayton, North Carolina Council of Community Programs  
State Facility Directors  
Robin Huffman  
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Marge Cawley, National Development and Research Institutes, Inc.  
Mindy McNeely, North Carolina State University, Center for Urban Affairs and Community  
Services

## Client Record Number

		C	O	P	Y			
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RECORD ON EVERY PAGE

# NC-TOPPS Initial Assessment

For SFY 04-05

[7/1/04 Revision]

1

**Attention: This form is read using a scanner. Your writing must be machine readable.**

Print numbers clearly:

1	2	3	4	5	6	7	8	9	0
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Place an "X" inside the box:

X
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## 1. Today's Date

		/			/		
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## 2. Client Date of Birth

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## 3. Client County of Residence

		(enter 2-digit code from code sheet)
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## 4. Facility Code

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## 5. DFS MH License Number

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## 6. Reporting Unit

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## 7. Primary Clinician ID

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## 8. Client Gender

☐ Male    ☐ Female

## 11. Eligibility &amp; Special Populations (mark all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> DWI                      | <input type="checkbox"/> Deaf/hard of hearing      |
| <input type="checkbox"/> TASC                     | <input type="checkbox"/> Communicable disease      |
| <input type="checkbox"/> SSI/SSDI                 | <input type="checkbox"/> HIV                       |
| <input type="checkbox"/> SPMI                     | <input type="checkbox"/> Child/Adolescent          |
| <input type="checkbox"/> TBI                      | <input type="checkbox"/> Child in DSS custody      |
| <input type="checkbox"/> MAJORS                   | <input type="checkbox"/> Juvenile/criminal justice |
| <input type="checkbox"/> TANF Work First          | <input type="checkbox"/> Non-English speaking      |
| <input type="checkbox"/> H or I Felon/Food stamps | <input type="checkbox"/> CASAWORKS Residential     |
| <input type="checkbox"/> Maternal/Pregnant        | <input type="checkbox"/> High management adult     |
| <input type="checkbox"/> CPS involved parent      | <input type="checkbox"/> Injection drug user       |
| <input type="checkbox"/> Methadone/Buprenorphine  | <input type="checkbox"/> No special population     |

## 9. Assessments of Functioning

## a. Current Global Assessment of Functioning Score

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## b. Child/Adolescent Functional Assessment Scale (CAFAS)

		+			+			+			+			+		
Role	Behavior		Moods/	Substance		Thinking										
Performance	Toward Others		Self-Harm	Abuse												

**10. Please indicate client's Primary (required), Secondary (if applicable), and Tertiary (if applicable) substance problems by entering a "1" for Primary, "2" for Secondary, and "3" for Tertiary.**

<input type="checkbox"/> Alcohol	<input type="checkbox"/> Marijuana/Hashish	<input type="checkbox"/> Cocaine/Crack
<input type="checkbox"/> Heroin	<input type="checkbox"/> Other Opiates/Opioids	<input type="checkbox"/> Other Drug

## 12. Referral Sources (mark all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Court ordered   | <input type="checkbox"/> SA Commitment 122-C     |
| <input type="checkbox"/> Other CJ source | <input type="checkbox"/> State hospital          |
| <input type="checkbox"/> DSS             | <input type="checkbox"/> Physician/health agency |
| <input type="checkbox"/> Employer/EAP    | <input type="checkbox"/> Community agency        |
| <input type="checkbox"/> School          | <input type="checkbox"/> Area/contract program   |
| <input type="checkbox"/> ADATC           | <input type="checkbox"/> Family/friend           |
| <input type="checkbox"/> Detox facility  | <input type="checkbox"/> Self                    |

## Begin Interview

## 13. Are you of Hispanic, Latino, or Spanish origin?

☐ Y    ☐ N

## 14. Which of these groups best describes you?

- |  |   |
|--|---|
| <input type="checkbox"/> African American/Black          | <input type="checkbox"/> Alaska Native    |
| <input type="checkbox"/> White/Anglo/Caucasian           | <input type="checkbox"/> Asian            |
| <input type="checkbox"/> Multiracial                     | <input type="checkbox"/> Pacific Islander |
| <input type="checkbox"/> American Indian/Native American | <input type="checkbox"/> Other            |

**15. What kind of health/medical insurance do you have?**  
(mark all that apply)

- |  |                                   |
|--|-----------------------------------|
| <input type="checkbox"/> None                          | <input type="checkbox"/> Medicaid |
| <input type="checkbox"/> Private insurance/health plan | <input type="checkbox"/> Medicare |
| <input type="checkbox"/> CHAMPUS or CHAMPVA            | <input type="checkbox"/> Other    |
| <input type="checkbox"/> Health Choice                 | <input type="checkbox"/> Unknown  |

## 16. What is the highest grade you completed or degree you received in school?

- |   |   |
|---|---|
| <input type="checkbox"/> Grade school (K-5)           | <input type="checkbox"/> 2-year college/assoc. degree |
| <input type="checkbox"/> Middle school (6-8)          | <input type="checkbox"/> 4-year college degree        |
| <input type="checkbox"/> HS (9-12), no diploma        | <input type="checkbox"/> Graduate work, no degree     |
| <input type="checkbox"/> HS diploma/GED               | <input type="checkbox"/> Professional degree or more  |
| <input type="checkbox"/> Some college or tech. school |   |

## 17. Are you currently enrolled in an educational program for credit?

☐ Y    ☐ N → (skip to 18)
b. If yes, mark all that apply:

- |  |
|--|
| <input type="checkbox"/> Alternative Learning Program (ALP)- at-risk students outside standard classroom |
| <input type="checkbox"/> Academic schools (K-12)   |
| <input type="checkbox"/> Technical/Vocational school   |
| <input type="checkbox"/> College   |
| <input type="checkbox"/> GED Program, Adult literacy   |



		C	O	P	Y			
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**18. For K-12 only:**

- a. What grade are you currently in?
- b. For your most recent reporting period, what grades did you get most of the time? (mark only one)
- ☐ A's ☐ B's ☐ C's ☐ D's ☐ F's

**19. For K-12 only: In the past 3 months, how many days of school have you missed due to...**

- a. Expulsion
- b. Out-of-school suspension
- c. Truancy
- d. Are you currently expelled from regular school?
- ☐ Y ☐ N

**20. During the past 3 months, how many hours per week, on average, did you work for pay?**

(enter 0, if none)

- b. How many **unpaid hours** per week did you work (enter 0, if none)?

**21. During the past 3 months, what best describes your employment status? (mark only one)**

- ☐ Full-time work (working 35 hours or more a week) → (skip to 22)
- ☐ Part-time work (working less than 35 hours a week) → (skip to 22)
- ☐ Unemployed (seeking work or on layoff from a job) → (skip to 22)
- ☐ Not in labor force (not seeking work)

**b. If not seeking work, what best describes your current activities/situation? (mark all that apply)**

- ☐ Homemaker ☐ Incarcerated (juvenile or adult facility)
- ☐ Student ☐ Institutionalized
- ☐ Retired ☐ Other
- ☐ Disabled

**22. What is your current marital status? (include same sex partnerships as living as married) (mark only one)**

- ☐ Married ☐ Separated
- ☐ Living as married ☐ Widowed
- ☐ Divorced ☐ Never been married

**23. In the past 3 months, who did you live with most of the time? (mark all that apply)**

- ☐ Lived alone ☐ Sibling(s)
- ☐ Spouse/partner ☐ Other relative(s)
- ☐ Child(ren) ☐ Foster family
- ☐ Parent(s) ☐ Other
- ☐ Grandparent(s)

**24. In the past 3 months, where did you live most of the time? (mark only one)**

- ☐ Homeless (in a shelter, on the street, in a vehicle)
- ☐ Correctional facility (juvenile or adult)
- ☐ Institution (MH/SA inpatient hospital, residential treatment)
- ☐ Community-based facility (halfway house, group/therapeutic home)
- ☐ Private residence (home, apartment)
- ☐ Other

**25. Females only: Are you currently pregnant?**

- ☐ Y ☐ N ☐ Unsure
- (skip to 26) (skip to 26)

**b. How many weeks have you been pregnant?**
 
**c. Have you been referred to prenatal care?**
☐ Y ☐ N
**d. Are you receiving prenatal care?**
☐ Y ☐ N
**e. Do you have an identified public or private primary health care provider? (excluding emergency/urgent care MD)**
☐ Y ☐ N
**26. Do you have children under the age of 18?**

- ☐ Y ☐ N → (skip to 27)

**b. Do you have legal custody of all, some, or none of your children?**

- ☐ All → (skip to e) ☐ Some ☐ None

**c. Does DSS have legal custody of all, some, or none of your children?**

- ☐ All ☐ Some ☐ None

**d. Are you currently seeking legal custody of all, some or none of your children?**

- ☐ All ☐ Some ☐ None

**e. Are all, some, or none of the children in your legal custody receiving preventive and primary health care?**

- ☐ All ☐ Some ☐ None ☐ NA (no children in legal custody)

**27. In the past year, have you been investigated by DSS for child abuse or neglect?**

- ☐ Y ☐ N → (skip to 28)

**b. Was the investigation due to an infant testing positive on a drug screen?**

- ☐ Y ☐ N ☐ NA

**28. Was your admission to treatment required by Child Welfare Services of DSS?**

- ☐ Y ☐ N

**29. In the past 3 months, how often did you participate in ...****a. positive community/leisure activities?**

- ☐ Never ☐ A few times ☐ Once a week or more

**b. recovery-related support or self-help groups?**

- ☐ Never ☐ A few times ☐ Once a week or more



		C	O	P	Y			
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## 30. Please mark the frequency of use for each substance in the past 12 months and past 3 months.

Substance	Past 12 Months - Frequency of Use					Past 3 Months - Frequency of Use				
	Not Used	1-3 times monthly	1-2 times weekly	3-6 times weekly	Daily	Not Used	1-3 times monthly	1-2 times weekly	3-6 times weekly	Daily
Tobacco use (any tobacco products)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heavy alcohol use ( $\geq 5(4)$ drinks per sitting)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Less than heavy alcohol use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marijuana or hashish use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine or crack use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heroin use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other opiates/opioids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other drug use <input type="text"/> <input type="text"/> (enter code from list below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Other Drug Codes

5=Non-prescription Methadone

7=PCP

8=Other Hallucinogen

9=Methamphetamine

10=Other Amphetamine

11=Other Stimulant

12=Benzodiazepine

13=Other Tranquilizer

14=Barbiturate

15=Other Sedative or Hypnotic

16=Inhalant

17=Over-the-Counter

22=OxyContin (Oxycodone)

29=Ecstasy (MDMA)

## 31. In the past month, how many cigarettes did you smoke per day, on average? (enter 0, if none)

## 32. How long have you been abstinent from alcohol or other drugs at this time?

(enter 0 if not abstinent)

 
☐ Days ☐ Mos.☐ Wks. ☐ Yrs.

## 33. What is the longest, uninterrupted period you have ever maintained abstinence from alcohol or other drugs since you started using regularly? (do not include nicotine or tobacco products)

 
☐ Days ☐ Mos.☐ Wks. ☐ Yrs.

## 34. Have you ever used a needle to get any drug injected under your skin, into a muscle, or into a vein for nonmedical reasons?

☐ Y ☐ N → (skip to 35) ☐ Deferred → (skip to 35)

b. What is the most recent time that you ever used a needle in that way?

☐ Within the past 3 months☐ Within the past year☐ Within the past 10 years☐ More than 10 years ago

## 35. Have you ever participated in any of the following activities without using a condom?

had sex with someone who was not your spouse or primary partner [or]knowingly had sex with someone who injected drugs [or] traded, gave, or received sex for drugs, money, or gifts?☐ Y ☐ N → (skip to 36) ☐ Deferred → (skip to 36)

b. What is the most recent time that you did any one of these activities?

☐ Within the past 3 months☐ Within the past year☐ Within the past 10 years☐ More than 10 years ago

## 36. During the past 3 months, how often have you been hit, kicked, slapped, or otherwise physically hurt?

☐ Never → (skip to 37)☐ A few times☐ Once a week or more☐ Deferred → (skip to 37)

b. By whom were you physically hurt? (mark all that apply)

☐ Spouse/partner ☐ Your child☐ Parent☐ Other adult☐ Sibling☐ Other child (peer)

		C	O	P	Y		
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**37. Have you ever been forced or pressured to do sexual acts against your will?**
☐ Y      ☐ N → (skip to 38)    ☐ Deferred → (skip to 38)

**b. What is the most recent time that you have been forced or pressured against your will?**

- ☐ Within the past 3 months
- ☐ Within the past year
- ☐ Within the past 10 years
- ☐ More than 10 years ago

**38. In your lifetime, have you ever attempted suicide?**
☐ Y    ☐ N

**39. In the past 3 months, have you had thoughts of suicide?**
☐ Y    ☐ N

**40. Do you use faith, prayer, religious or other spiritual involvement to help you with daily living?**
☐ No    ☐ Sometimes    ☐ Regularly

**41. In your lifetime, how many times have you been arrested or had a petition filed for adjudication?**

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**42. Are you currently under any type of correctional supervision? (adult or juvenile system)**
☐ Y    ☐ N

**43. In the past 6 months, how many times have you been arrested or had a petition filed for adjudication for any offense including DWI? (excluding traffic violations)**

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**44. Is your admission to treatment required by the criminal or juvenile justice system?**
☐ Y    ☐ N

**45. In the 3 months prior to your current admission, how many weeks were you enrolled in substance abuse treatment (not including detox)? (enter 0, if none)**

--	--

**46. In the past 3 months, how many...**

- a. **nights** in a medical/surgical hospital did you spend? (excluding birth delivery) 

--	--
- b. **nights** in an inpatient hospital psychiatric facility did you spend? 

--	--
- c. **nights** in an inpatient hospital substance abuse treatment facility did you spend? 

--	--
- d. **admissions** to a detox facility did you have? 

--	--
- e. **visits** to a hospital emergency room did you have? 

--	--
- f. **contacts** after hours to an emergency crisis facility or an area program emergency facility, did you have? 

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**47. In your lifetime, how many prior admissions (not including this admission) to...**

- a. an inpatient hospital or residential substance abuse treatment facility have you had? 

--	--
- b. a detox facility have you had? 

--	--
- c. an outpatient substance abuse treatment facility have you had? 

--	--
- d. an inpatient hospital mental health treatment facility have you had? 

--	--
- e. an outpatient mental health treatment have you had? 

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**48. Do you have an active, stable relationship with at least one adult who serves as a positive role model? (i.e., member of clergy, neighbor, family member, coach)**
☐ Y    ☐ N

**49. How supportive do you think your family and/or friends will be of your treatment and recovery efforts?**

- ☐ Not supportive
- ☐ Somewhat supportive
- ☐ Very supportive
- ☐ No family/friends

**50. How well have you been doing in the following areas of your life in the past year?**

- |  | Excellent                | Good                     | Fair                     | Poor                     |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Psychological health (well-being)               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Physical health                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Relationships with family or significant others | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**51. How important to you now is help or services in any of the following areas?**

- |   | Not Important            | Somewhat Important       | Very Important           | NA                       |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Educational improvement                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Finding or keeping a job               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Food or shelter                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Transportation                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Child care                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Family and/or peer relationships       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Medical                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Psychological/emotional                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Legal                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Interpreter (deaf or foreign language) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Tobacco use cessation                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



		C	O	P	Y				
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RECORD ON EVERY PAGE

[7/1/04 Revision]

**Attention: This form is read using a scanner. Your writing must be machine readable.**

Print numbers clearly:

1	2	3	4	5	6	7	8	9	0
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Place an "X" inside the box:

X
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## Section I: Complete items 1 through 20 using information from the client record:

## 1. Today's Date

		/			/		
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## 2. First SA Treatment Date

(for this episode of treatment)

		/			/		
--	--	---	--	--	---	--	--

## 3. Last Client Contact for Billable Service

		/			/		
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## 4. Client Date of Birth

		/			/		
--	--	---	--	--	---	--	--

## 5. Client County of Residence

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(enter 2-digit code from code sheet)

## 6. Client Gender

☐ Male ☐ Female

## 7. Facility Code

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## 8. DFS MH License Number

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## 9. Reporting Unit

--	--	--	--	--

## 10. Primary Clinician ID

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## 11. Type of Assessment (mark only one)

- ☐ 3 month update → (skip to 12) ☐ Other annual update → (skip to 12)  
☐ 6 month update → (skip to 12) ☐ Transfer or Discharge  
☐ 12 month update → (skip to 12)

## b. If transfer or discharge, please indicate reason: (mark only one)

- ☐ Completed treatment  
☐ Discharged at program initiative  
☐ Transferred to another program or facility  
☐ Refused treatment  
☐ Client did not return as scheduled within 60 days  
☐ Incarcerated  
☐ Institutionalized  
☐ Died

## 12. Assessments of Functioning

## a. Global Assessment Functioning Score

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## b. Was the GAF score updated in the last 90 days or since the last assessment?

☐ Y ☐ N

## c. Child/Adolescent Functional Assessment Scale (CAFAS)

		+			+			+			+			+		
Role	Performance	Behavior	Toward Others	Moods/	Self-Harm	Substance	Abuse	Thinking								

## d. Was the CAFAS score updated in the last 90 days or since the last assessment?

☐ Y ☐ N

## 13. Eligibility &amp; Special Populations

(mark all that apply)

- ☐ DWI  
☐ TASC  
☐ SSI/SSDI  
☐ SPMI  
☐ TBI  
☐ MAJORS  
☐ TANF Work First  
☐ H or I Felon/Food stamps  
☐ Maternal/Pregnant  
☐ CPS involved parent  
☐ Methadone/Buprenorphine  
☐ Deaf/hard of hearing  
☐ Communicable disease  
☐ HIV  
☐ Child/Adolescent  
☐ Child in DSS custody  
☐ Juvenile/criminal justice  
☐ Non-English speaking  
☐ CASAWORKS Residential  
☐ High management adult  
☐ Injection drug user  
☐ No special population

## 14. Current Dosage Level for Medications

☐ None of these medications used

## Methadone

--	--	--	--

 mg

## Naltrexone

--	--	--	--

 mg

## Buprenorphine

--	--	--	--

 mg

## Antabuse

--	--	--	--

 mg

## 15. SA treatment participation and service units since the last assessment (enter 0, if none)

## a. Group sessions

## b. Individual/family sessions

## c. Case management

## d. Residential services

Scheduled	Attended	Scheduled	Attended	Events	Nights				

## 16. Number of drug tests conducted and number positive since last assessment:

(Do not count if Positive for Methadone Only)

a. Number Conducted 

--	--

 (enter 0, if none & skip to 17)b. Number Positive 

--	--

 (enter 0, if none & skip to 17)

## c. How often did each substance appear for all tests conducted?

Alcohol	THC	Opiates	Benzo.	Cocaine	Amphetamines	Barbiturates



		C	O	P	Y		
--	--	---	---	---	---	--	--

**17. Types of treatment or services rendered since the last assessment (mark all that apply)**

- |   |   |
|---|---|
| <input type="checkbox"/> Inpatient hospital detox   | <input type="checkbox"/> ADATC                          |
| <input type="checkbox"/> Non-hospital medical detox | <input type="checkbox"/> Therapeutic community          |
| <input type="checkbox"/> Social setting detox       | <input type="checkbox"/> Inpatient hospital treatment   |
| <input type="checkbox"/> Outpatient detox           | <input type="checkbox"/> Other residential treatment    |
| <input type="checkbox"/> Opioid detox therapy       | <input type="checkbox"/> Halfway house                  |
| <input type="checkbox"/> Opioid maintenance therapy | <input type="checkbox"/> Case management                |
| <input type="checkbox"/> Outpatient counseling      | <input type="checkbox"/> Methadone administrative detox |
| <input type="checkbox"/> Intensive outpatient       | <input type="checkbox"/> None of these                  |
| <input type="checkbox"/> Day treatment              |   |

**18. Since the last assessment, which comprehensive services has the (a) client received and (b) which are still needed in the following areas?****a. Received      b. Still Needed**

<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
------------	-----------	------------	-----------

- |  |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Educational improvement                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Finding or keeping a job                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Food or shelter                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Transportation                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Child care                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Family and/or peer relationships        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Medical                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Psychological/emotional                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Screening for HIV/TB/HEP                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Treatment referral for HIV/TB/HEP      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Legal                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Interpreter (deaf or foreign language) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Tobacco use cessation                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**19. In the past 3 months, has the client's family or significant other been involved in any face-to-face contact with program staff concerning any of the following? (mark all that apply)**

- ☐ Treatment planning  
☐ Treatment services  
☐ Person-centered planning  
☐ Child and family team meetings  
☐ None of these

**20. Does/did the client have problems participating in treatment because of problems with...? (mark all that apply)**

- |  |  |
|--|--|
| <input type="checkbox"/> Housing           | <input type="checkbox"/> Health status   |
| <input type="checkbox"/> Transportation    | <input type="checkbox"/> Confidentiality |
| <input type="checkbox"/> Child Care        | <input type="checkbox"/> Other           |
| <input type="checkbox"/> Scheduling        | <input type="checkbox"/> None of these   |
| <input type="checkbox"/> Cost of treatment |  |

**Section II: Complete items 21-34 using information from client interview (preferred) or client record****21. How are items 21-34 being gathered? (mark all that apply)**

- ☐ In-person interview  
☐ Telephone interview  
☐ Clinical record/notes

**22. Has there been any change in your marital status since the last assessment? Have you...**

- |   |                                    |
|---|------------------------------------|
| <input type="checkbox"/> Married          | <input type="checkbox"/> Separated |
| <input type="checkbox"/> Lived as married | <input type="checkbox"/> Widowed   |
| <input type="checkbox"/> Divorced         | <input type="checkbox"/> No change |

**23. Are you currently enrolled in an educational program for credit?**

- ☐ Y                      ☐ N → (skip to 24)

**b. If yes, mark all that apply:**

- ☐ Alternative Learning Program (ALP)- at-risk students outside  
☐ Academic schools (K-12)                      standard classroom  
☐ Technical/Vocational school  
☐ College  
☐ GED Program, Adult literacy

**24. For K-12 only:**

- a. What grade are you currently in?

- b. For your most recent reporting period, what grades did you get most of the time? (mark only one)

☐ A's    ☐ B's    ☐ C's    ☐ D's    ☐ F's

**25. For K-12 only: Since the last assessment, how many days of school have you missed due to...**

- |  |                      |                      |
|--|----------------------|----------------------|
| a. Expulsion                                       | <input type="text"/> | <input type="text"/> |
| b. Out-of-school suspension                        | <input type="text"/> | <input type="text"/> |
| c. Truancy   | <input type="text"/> | <input type="text"/> |
| d. Are you currently expelled from regular school? |                      |                      |

☐ Y    ☐ N

**26. During the past month, what best describes your employment status? (mark only one)**

- ☐ Full-time work (working 35 hours or more a week) → (skip to 27)  
☐ Part-time work (working less than 35 hours a week) → (skip to 27)  
☐ Unemployed (seeking work or on layoff from a job) → (skip to 27)  
☐ Not in labor force (not seeking work)

**b. If not seeking work, what best describes your current activities/situation? (mark all that apply)**

- |                                    |  |
|------------------------------------|--|
| <input type="checkbox"/> Homemaker | <input type="checkbox"/> Incarcerated (juvenile or adult facility) |
| <input type="checkbox"/> Student   | <input type="checkbox"/> Institutionalized                         |
| <input type="checkbox"/> Retired   | <input type="checkbox"/> Other                                     |
| <input type="checkbox"/> Disabled  |  |

**27. Since the last assessment, who did you live with most of the time? (mark all that apply)**

- |   |  |
|---|--|
| <input type="checkbox"/> Lived Alone    | <input type="checkbox"/> Sibling(s)        |
| <input type="checkbox"/> Spouse/partner | <input type="checkbox"/> Other relative(s) |
| <input type="checkbox"/> Child(ren)     | <input type="checkbox"/> Foster family     |
| <input type="checkbox"/> Parent(s)      | <input type="checkbox"/> Other             |
| <input type="checkbox"/> Grandparent(s) |  |

**28. Since the last assessment, where did you live most of the time? (mark only one)**

- ☐ Homeless (in a shelter, on the street, in a vehicle)  
☐ Correctional facility (juvenile or adult)  
☐ Institution (MH/SA inpatient hospital, residential treatment)  
☐ Community-based facility (halfway house, group/therapeutic home)  
☐ Private residence (home, apartment)  
☐ Other



		C	O	P	Y			
--	--	---	---	---	---	--	--	--

29. Please mark the frequency of use for each substance in the past month.

Substance	Past Month - Frequency of Use				
	Not Used	1-3 times monthly	1-2 times weekly	3-6 times weekly	Daily
Tobacco use (any tobacco products)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heavy alcohol use (≥5(4) drinks per sitting)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Less than heavy alcohol use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marijuana or hashish use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine or crack use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heroin use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other opiates/opioids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Drug Use <input type="text"/> <input type="text"/> (enter code from list below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Other Drug Codes**

5=Non-prescription Methadone

7=PCP

8=Other Hallucinogen

9=Methamphetamine

10=Other Amphetamine

11=Other Stimulant

12=Benzodiazepine

13=Other Tranquilizer

14=Barbiturate

15=Other Sedative or Hypnotic

16=Inhalant

17=Over-the-Counter

22=OxyContin (Oxycodone)

29=Ecstasy (MDMA)

30. In the past month, how many cigarettes did you smoke per day, on average? (enter 0, if none)

31. Are you currently under any type of correctional supervision? (adult or juvenile system) ☐ Y ☐ N

32. Since the last assessment, how many times have you been arrested or had a petition filed for adjudication for any offense including DWI? (excluding traffic violations)

33. Do you have children under the age of 18?

☐ Y ☐ N → (skip to 34)

b. Since the last assessment, have you... (mark all that apply)

☐ Gained legal custody of child(ren)☐ Lost legal custody of child(ren)☐ Begun seeking legal custody of child(ren)☐ Stopped seeking legal custody of child(ren)☐ Continued seeking legal custody of child(ren)☐ New baby born - removed from legal custody☐ None of the above

c. Are all, some, or none of the children in your legal custody receiving preventive and primary health care?

☐ All ☐ Some ☐ None ☐ NA (no children in legal custody)

d. Since the last assessment, have your parental rights been terminated from all, some, or none of your children?

☐ All ☐ Some ☐ Nonee. Since the last assessment, have you been investigated by DSS for child abuse or neglect? ☐ Y ☐ N → (skip to 34)f. Was the investigation due to an infant testing positive on a drug screen? ☐ Y ☐ N ☐ NA

34. Females only: Have you given birth since the last assessment?

☐ Y ☐ N → (skip to 35)b. If yes, was there a live birth? ☐ Y ☐ N → (skip to f)c. What was the # of weeks gestation?  

d. What was the birth weight?

pounds

ounces

e. Is the baby receiving regular Well Baby/Health Check services? ☐ Y ☐ N ☐ Not in client custodyf. Did you receive prenatal care during pregnancy? ☐ Y ☐ N**Section III: Complete items 35-52 from client interview only**

35. Is client present for in-person or telephone interview?

☐ Y - Complete items 35-52☐ N - Stop here

36. Females only: Are you currently pregnant?

☐ Y☐ N☐ Unsure

(skip to 37)

(skip to 37)

b. How many weeks have you been pregnant?  c. Have you been referred to prenatal care? ☐ Y ☐ Nd. Are you receiving prenatal care? ☐ Y ☐ Ne. Do you have an identified public or private primary health care provider? ☐ Y ☐ N

(excluding emergency/urgent care MD)

37. Do you use faith, prayer, religious or other spiritual involvement to help you with daily living?

☐ No☐ Sometimes☐ Regularly

38. In the past month, how often did you participate in...

a. positive community/leisure activities?

☐ Never☐ A few times☐ Once a week or more

b. recovery-related support or self-help groups?

☐ Never☐ A few times☐ Once a week or more

39. Do you have an active, stable relationship with at least one adult who serves as a positive role model? (i.e., member of clergy, neighbor, family member, coach)

☐ Y ☐ N

40. Do you have a sponsor? ☐ Y ☐ N → (skip to 41)

b. In the past month, how often did you have contact with your sponsor?

☐ Never☐ A few times☐ Once a week or more

41. How supportive has your family and/or friends been of your treatment and recovery efforts?

☐ Not supportive☐ Somewhat supportive☐ Very supportive☐ No family/friends

		C	O	P	Y		
--	--	---	---	---	---	--	--

**42. How long have you been abstinent from alcohol or other drugs at this time?**(enter 0 if not  
abstinent)

--	--

☐ Days   ☐ Mos.  
☐ Wks.   ☐ Yrs.

b. Is abstinence from alcohol and/or other drugs a goal  
of your treatment?

☐ Y   ☐ N
**43. Since the last assessment, have you used a needle to get any drug injected under your skin, into a muscle, or into a vein for nonmedical reasons?**
☐ Y   ☐ N
**44. Since the last assessment, have you participated in any of the following activities without using a condom?**

had sex with someone who was not your spouse or primary partner [or]  
knowingly had sex with someone who injected drugs [or]  
 traded, gave, or received sex for drugs, money, or gifts?

☐ Y   ☐ N
**45. Since the last assessment, how often have you been hit, kicked, slapped, or otherwise physically hurt?**
☐ Never → (skip to 46)

☐ A few times

☐ Once a week or more

b. By whom were you physically hurt? (mark all that apply)

☐ Spouse/partner   ☐ Your child  
☐ Parent   ☐ Other adult  
☐ Sibling   ☐ Other child (peer)
**46. Since the last assessment, have you been forced or pressured to do sexual acts against your will?**
☐ Y   ☐ N
**47. Since the last assessment, have you had thoughts of suicide?**
☐ Y   ☐ N
**48. Since the last assessment, have you attempted suicide?**
☐ Y   ☐ N
**49. Since the last assessment, how well have you been doing in the following areas of your life?**

	Excellent	Good	Fair	Poor
a. Psychological health (well-being)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Physical health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Relationships with family or significant others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**50. Since the last assessment, how many...**
a. **nights** in a medical/surgical hospital did you spend? (excluding birth delivery)

--	--

b. **nights** in an inpatient hospital psychiatric facility did you spend?

--	--

c. **nights** in an inpatient hospital substance abuse treatment facility did you spend?

--	--

d. **admissions** to a detox facility did you have?

--	--

e. **visits** to a hospital emergency room did you have?

--	--

f. **contacts** after hours to an emergency crisis facility or an area program emergency facility, did you have?

--	--

**51. What kind of health/medical insurance do you have?**

(mark all that apply)

☐ None   ☐ Medicaid  
☐ Private insurance/health plan   ☐ Medicare  
☐ CHAMPUS or CHAMPVA   ☐ Other  
☐ Health Choice   ☐ Unknown
**52. In the past month, how many hours per week, on average, did you work for pay?**

--	--

(enter 0, if none)

b. How many **unpaid hours** per week did you work (enter 0, if none)?

--	--

**53. How helpful have the program services been in...**

a. improving the quality of your life?

☐ Not helpful   ☐ Somewhat helpful   ☐ Very helpful   ☐ NA

b. decreasing tobacco use?

☐ Not helpful   ☐ Somewhat helpful   ☐ Very helpful   ☐ NA

c. decreasing alcohol use?

☐ Not helpful   ☐ Somewhat helpful   ☐ Very helpful   ☐ NA

d. decreasing other drug use?

☐ Not helpful   ☐ Somewhat helpful   ☐ Very helpful   ☐ NA
**End of client interview**

*Thank you to both the counselor  
and client for taking time to  
complete this assessment form.  
Your input helps to improve  
substance abuse treatment in the  
state of North Carolina.*

# **North Carolina Treatment Outcomes and Program Performance System Training Manual and Resource Guide for Paper-Based Data Collection**

**July 2004  
Version 7.0**

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# **Chapter 1: INTRODUCTION AND BACKGROUND OF NC-TOPPS**

## **INTRODUCTION**

The State of North Carolina Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMH/DD/SAS), National Development and Research Institutes, Inc. (NDRI) and North Carolina State University Center for Urban Affairs and Community Services (CUACS) have implemented the North Carolina Treatment Outcomes and Program Performance System (NC-TOPPS).

NC-TOPPS has been established to provide a stable, credible, useful, and efficient system for reporting performance and outcomes for North Carolina substance abuse services. This program-based system primarily involves clients receiving substance abuse treatment services from outpatient and specialty programs including Maternal/Pregnant, CASAWORKS, MAJORS, TANF Work First, Methadone, and High Management Adult Treatment Programs. In addition to these specialty populations, some agencies have expanded the use of NC-TOPPS to other target populations. Information is collected from the client at the beginning of a treatment episode, at scheduled times while in treatment, and at discharge from treatment.

The data gathered from this performance and outcomes monitoring initiative is used to provide the State with recommendations and important benchmarks from which to develop clear, measurable goals for substance abuse treatment. The data gathered through NC-TOPPS also enables the State and area programs/Local Management Entities (LMEs) to measure progress toward positive treatment goals.

## **PURPOSE**

The purpose of NC-TOPPS is to integrate performance and outcome monitoring into the ongoing operations of area programs/LMEs and contract agencies and work toward the establishment of a continuous quality improvement system. This quality management system for the DMH/DD/SAS will aid in meeting the objectives of the State Plan and federal requirements of the Substance Abuse Prevention and Treatment Performance Partnership Block Grant (SAPTPPBG). The new federal Block Grant has moved from focusing on process requirements to accountability of treatment performance. The new paradigm of the State Plan and the federal Block Grant emphasizes continuous quality improvement. The SAPTPPBG, in fact, requires submission of specific performance measures.

NC-TOPPS provides a system for gathering and reporting performance and outcome measures for North Carolina substance abuse treatment services. NC-TOPPS augments the comprehensive clinical assessment process that uses recognized instruments and protocols. The Initial Assessment and Update Assessment should be conducted as part of regularly scheduled treatment sessions. NC-TOPPS Assessments were designed to aid the clinician in assessing effectiveness of treatment. In order to assess treatment effectiveness, NC-TOPPS focuses on evaluating client drug use and other risk behaviors during treatment. To conduct a study of treatment quality, it is essential that data collection tools be designed to be sensitive to client behaviors and to assess any changes (i.e., improvement or non-improvement) in those behaviors. The Initial and Update Assessments used do not cover all client problems that may warrant clinical intervention, but they do cover a majority of standard problems known to affect this population. The Initial Assessment is designed to gather information on client demographics and pretreatment behaviors and the Update Assessment is designed to gather information on client behavioral or status changes.

To enable quality improvement and to meet federal Block Grant performance measure requirements, standardized feedback reports will be developed to support the Division in assessing the State system of treatment services and identifying strengths of the system and areas where improvement may be necessary. For LMEs and treatment provider agencies, feedback reports will be developed to assist their clients' outcomes and programs' performance. In addition to these standardized reports, LMEs and provider agencies will be helped in developing ad-hoc reporting to accommodate their own special needs.

## **PARTICIPATION ELIGIBILITY**

Clients must meet the following criteria to be eligible for initial inclusion in the NC-TOPPS program-based performance and outcomes monitoring system.

- The client has completed the screening and intake process.
- The client has been formally admitted for substance abuse treatment in a public or private agency.
- The client has a DSM-IV diagnosis of substance abuse or dependence.
- The client has received a unique client record number and a record has been opened.

The system does not include the following clients:

- Clients receiving services from crisis or after-hour facilities only or detoxification facilities only.
- Clients who do not have a current DSM-IV substance abuse diagnosis.

## **ETHICS AND CONFIDENTIALITY**

Ethics can be broadly defined as a set of moral values or principles of conduct governing an individual or group. Just as ethics are important to individuals, organizations must also have and project to their clients, employees, and the public, a sense of integrity, honesty, and responsibility in all aspects of their work. Strong professional ethics are as necessary in outcome collection as they are in clinical practice.

### **Confidentiality Rules**

Federal regulations contained in 42 CFR Part 2, explicitly govern all access to NC-TOPPS information. The identity of clients participating in this initiative, as well as the information collected from them, is confidential and must not be divulged to anyone other than authorized program staff. **When the Initial and/or Update Assessment are completed, a photocopy of the assessment should be placed in the client's record and afforded all protections of 42 CFR Part 2.** All program staff that has direct contact with clients should emphasize confidentiality. Staff must use extreme care to protect the identity of clients participating in this initiative. Completed assessment forms should not be given to anyone who is not involved in this initiative.

### **Health Insurance Portability and Accountability Act of 1996 (HIPAA)**

Confidentiality of substance abuse client-identifying information in the NC-TOPPS Initiative, including Initial and Update Assessments, is protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 45 CFR Parts 160 and 164. Client-identifying information may be disclosed without client consent to the DMH/DD/SAS and to its authorized evaluation contractors in order to conduct an approved audit or evaluation. The federal rules allow this client-identifying information to be used only to carry out this NC-TOPPS audit or evaluation, prohibit any further redisclosure of this information by DMH/DD/SAS or its authorized contractors to any person or agency without individual client consent, and require that this client-identifying information be destroyed once this audit or evaluation is completed.

### **Notice of Privacy**

NC-TOPPS should be included on your Notice of Privacy to clients in accordance with HIPAA regulations.

### **Difference Between Anonymity and Confidentiality**

Anonymity and confidentiality are commonly used interchangeably, but they have significantly different meanings and implications for assessment activities. An "anonymous" client is one whose identity is not disclosed to anyone, not even the data collector. However, names and other identifying information are "confidential" because they are destroyed, encoded, or otherwise safeguarded so that the identity of the assessment participant cannot be related to the collected data. In this project, only the client record number is sent along with the assessment data. This number is used only to link Initial Assessment data with Update Assessment data. The feedback reports provide total anonymity to participants since no names or identifying information is released.

## **PERFORMANCE AGREEMENT**

The North Carolina DMH/DD/SAS will develop performance measures to be employed for meeting annual Performance Agreement requirements. These performance measures will capture timeliness and completeness measures for the assessments. The Division will provide specific methodology directions annually.

CUACS receives NC-TOPPS Initial Assessment and Update Assessment data on a monthly basis from North Carolina Substance Abuse Treatment Facilities. **These forms should be sent into CUACS by the last day of the month following completion of the form.** It is suggested that completed forms be sent to CUACS approximately once every two weeks. It is very important to send in the forms before the last day of the month so data can be scanned, entered, and exported on a monthly basis.

## **FEEDBACK REPORTS**

To enable quality improvement, feedback reports are being developed to assist area programs/LMEs in assessing their clients' outcomes and programs' performance. Annual reports on statewide NC-TOPPS clients and key specialty population clients are delivered to the Community Policy Management Section (CPM). Specialty population programs also receive reports comparing their program to all other programs providing treatment to that specific target population. Advisory Committee programs receive semi-annual and annual reports as a part of the feedback design process. All participating programs may request ad-hoc reports to accommodate special needs. Moreover, any program may request and receive their NC-TOPPS data. Reports or program data are available by contacting Marge Cawley at (919) 863-4600, ext. 223 or by email: [cawley@ndri-nc.org](mailto:cawley@ndri-nc.org)

## **MONTHLY SUMMARY**

The NC-TOPPS Initial Assessment and 3 Month Assessment Monthly Summary will be distributed to each area program/LME and contract agency on a monthly basis. This Monthly Summary includes a year-to-date listing of all Initial and 3 Month Update Assessments received from the area program/LME through the previous month. It should aid the program in meeting the evaluation requirements of the NC-TOPPS system. This report was developed by the request and input of representatives of NC-TOPPS sites who sit on the Advisory Committee.

## **TRAINING**

NDRI and CUACS will be conducting several trainings during the state fiscal year. Area programs/LMEs will be notified of the trainings and necessary registration requirements. NDRI and CUACS also conduct site visits as requested or on an as needed basis. For more information about trainings, please contact Marge Cawley at (919) 863-4600, ext. 223 or by email: [cawley@ndri-nc.org](mailto:cawley@ndri-nc.org).

## **ADVISORY COMMITTEE**

The NC-TOPPS Advisory Committee is a participatory and consensus vehicle for input and direction from NC-TOPPS participants. The members of the Advisory Committee play a key role in the development of the data collection instruments and feedback reports utilized in NC-TOPPS. They meet quarterly to discuss assessment, outcome, and performance issues. The ultimate mission of the Advisory Committee is to aid the Division in improving client care throughout the state.

The Advisory Committee is comprised of members who represent the diversity of treatment programs, populations, regions, and consumers. With the proposed expansion of NC-TOPPS web-based data collection system to capture performance and outcome measurement for mental health services, the Advisory Committee will include mental health representatives. Advisory Committee membership reflects the four regions of the state and the various types of organizations that provide treatment services to specialty populations. In addition, two members will represent consumers. On an as needed basis, individuals with specific functional expertise will be invited to Committee meetings to participate in addressing issues that may affect LMEs and program implementation of NC-TOPPS.

Members are appointed by the Community Policy Management (CPM) Chief. The Committee is staffed by the CPM Section and contracted agency staff. The Committee is chaired by the CPM Chief or her designee.

Appointments are based on NC-TOPPS involvement and knowledge of the services treatment system. Members will be asked to serve in a communication liaison role with regional mental health/substance abuse teams. Appointments serve for one, two or three year terms.

The current Advisory Committee consists of representation from the state Division of Mental Health, Developmental Disabilities and Substance Abuse Services, LMEs, contract treatment providers and the two agencies contracted by the state to implement NC-TOPPS. The LMEs are: Durham Center, Mecklenburg, Piedmont Behavioral Health Care, Sandhills Center, Southeastern Center, and Western Highlands. The contract treatment providers are: Coastal Horizons, Partnership for a Drug Free NC, Inc. and Metropolitan Community Health Services, Inc. The two agencies contracted by the state for implementation are NDRI and CUACS.

## ADVISORY COMMITTEE MEMBERS (SFY 2004-07)

	<b>1 Year Term: 7/1/04 – 6/30/05</b>	<b>2 Year Term: 7/1/04 – 6/30/06</b>	<b>3 Year Term: 7/1/04 – 6/30/07</b>
<b>Western Region</b>  <b>LMEs and Providers</b>	Connie Mele Director, Consumer Services <b>Mecklenburg</b> (Area Program/LME)	Vacant <b>Western Highlands</b> (Area Program/LME)	Chuck Hill/Mackie Johnson Adult Mental Health & Substance Abuse Manager, Network Management and Provider Relations Department <b>Piedmont</b> (Area Program/LME)
<b>North Central Region</b>  <b>LMEs and Providers</b>	Ginny Mills Chief Clinical Officer <b>Partnership for a Drug-Free NC, Inc.</b> (Contract Agency)		Janice Stroud MIS Director <b>Durham</b> (Area Program/LME)
<b>South Central Region</b>  <b>LMEs and Providers</b>		David Peterson Quality Services Coordinator Child Mental Health/ Substance Abuse Services <b>Wake County Human Services</b> (Area Program/LME)	Andy Smitley MIS Director <b>Sandhills</b> (Area Program/LME)
<b>Eastern Region</b>  <b>LMEs and Providers</b>	Sharon Garrett Mental Health & Substance Abuse Director <b>Metropolitan Community Health Services, Inc.</b> (Contract Agency)	Eric Luttmner Vice President, Medical Services & Corporate Compliance <b>Coastal Horizons</b> (Contract Agency)	Virginia Gorman SA Director <b>Southeastern Center</b> (Area Program/LME)
<b>Consumers</b>	<i>To be filled during SFY 2005</i>	Daniel J.C. Herr, Ph.D. Director, Nanomanufacturing Sciences Research	

## **CONTACT INFORMATION**

The State of North Carolina's DMH/DD/SAS with the assistance of the NDRI and the CUACS are responsible for implementing NC-TOPPS. The following are the NC-TOPPS contacts for each of these organizations. **Overall NC-TOPPS project management is assigned to Dr. Marge Cawley, NDRI.**

**National Development and Research Institutes, Inc. (NDRI) – responsible for statewide management and implementation, outcomes assessment and feedback reports**

<b>Contact</b>	<b>E-mail</b>	<b>Mailing Address</b>	<b>Phone</b>	<b>Fax</b>
Dr. Robert Hubbard	hubbard@ndri-nc.org	NDRI	919.863.4600	919.863.4601
Dr. Marge Cawley	cawley@ndri-nc.org	Institute for Community-	ext. 229	
Gail Craddock	craddock@ndri-nc.org	Based Research	ext. 223	
		940 Main Campus Drive	ext. 226	
		Suite 140		
		Raleigh, NC 27606		

**North Carolina State University – Center for Urban Affairs and Community Services (CUACS) – responsible for data forms, data collection, compliance, monthly summaries, and NC-TOPPS web submission**

<b>Contact</b>	<b>E-mail</b>	<b>Mailing Address</b>	<b>Phone</b>	<b>Fax</b>
Mindy McNeely	mindy_mcneely@ncsu.edu	NCSU	919.515.1303	919.515.3642
		Center for Urban	ext. 1	
Karen Eller	karen_eller@ncsu.edu	Affairs and Community	ext. 2	
Kathryn Haynes Long	kathryn_long@ncsu.edu	Services	919.515.1310	
		Campus Box 7401		
		Raleigh, NC 27695		

**North Carolina Division of Mental Health, Developmental Disabilities and Substance Abuse Services – overall oversight responsibility**

<b>Contact</b>	<b>E-mail</b>	<b>Mailing Address</b>	<b>Phone</b>	<b>Fax</b>
Flo Stein	flo.stein@ncmail.net	NC Department of Health	919.733.4670	919.733.4556
Spencer Clark	spencer.clark@ncmail.net	and Human Services		
Shealy Thompson	shealy.thompson@ncmail.net	Substance Abuse	919.733.0696	
		Services Community		
		Policy Management		
		3007 Mail Service Center		
		Raleigh, NC 27699-3007		

### **Specialty Populations**

<b>Contact</b>	<b>E-mail</b>	<b>Specialty Population</b>
Dr. Bert Bennett	bert.bennett@ncmail.net	Methadone/Injection Drug User, Communicable Disease, High Management Adult
Sonya Brown	sonya.brown@ncmail.net	Juvenile/Criminal Justice, TASC
Michael Eisen	michael.eisen@ncmail.net	DWI
Bonnie Morell	bonnie.morell@ncmail.net	SPMI, Deaf/Hard of Hearing, Non-English Speaking
Dale Roenigk	dale.roenigk@ncmail.net	Quality Management
Starleen Scott Robbins	starleen.scott-robbins@ncmail.net	Maternal/Pregnant, TANF Work First, CPS,
		CASAWORKS Residential
Antonio Coor	antonio.coor@ncmail.net	Child/Adolescent, MAJORS

## **NC-TOPPS WEBSITE**

The NC-TOPPS website is designed to provide area programs/LMEs, contract agencies, and other interested parties with comprehensive information about the NC-TOPPS initiative. The website includes research and

feedback reports, current letters to area programs/LMEs, frequently used codes, Performance Agreement information, area program/LME contact information, Advisory Committee information, background and history of NC-TOPPS, information about training, important announcements, and project contact information. **Please visit the NC-TOPPS website at <https://nctopps.ncdmh.net/>**

## **NC-TOPPS WEB SUBMISSION**

The NC-TOPPS Web Submission Pilot test began on April 9, 2003. Starting October 2003, statewide implementation began. Interested programs are encouraged to participate in the web-based system. After technical specifications are met and clinicians, administrative and management staff are trained on the system, programs can begin web-based use. The Division's goal is to have all programs submitting NC-TOPPS via online submission by July 1, 2005.

This paperless collection and transmission of real-time client outcomes data promises to significantly streamline our outcomes system, while providing programs with new opportunities for use of data to improve services to clients. Interested programs are encouraged to participate in this on-line system.

The following are program requirements for participation in NC-TOPPS web submission:

- Web access at the desk level for participating clinicians
- Commitment by clinical and management staff to use the system
- Management Information cooperation and leadership
- Minimum browser capability and encryption: Internet Explorer 5.1 or greater OR Netscape 4.7 or greater
- 128 Bit SSC (Encryption) Bandwidth needs to be a DSL or an ISDN line. (can work with dial-up, but will be slower)
- Each browser must have Cookies and Java Script enabled

Please feel free to contact Mindy McNeely if you have any questions or interest in pursuing NC-TOPPS on-line submission by phone (919) 515-1303 or by email: [mindy\\_mcneely@ncsu.edu](mailto:mindy_mcneely@ncsu.edu).

## Chapter 2: OVERVIEW OF FORMS

This manual is addressed to clinicians and other program staff who are participating in NC-TOPPS. The manual describes the data collection operations and procedures, and can be used as a training tool during training or as a reference source while data collection is in progress. Every effort has been made to make this manual as comprehensive as possible and to cover all of the routine aspects of the tasks that clinicians will complete. Careful study of the training manual will prepare clinicians for their role in this initiative.

### First Look at the Assessment Forms

When looking over the Initial and Update Assessment forms, note the following:

- Each page has a two-column format.
- Items are numbered consecutively.
- Information for completing each item can come from two sources: the client record and the client.
- Key instructions for completing the assessments are included on the form and are in italics (e.g., *mark all that apply, mark only one, skip patterns*).
- Responses to an item can be recorded in a box one of two ways: by placing an “X” or by entering a number.

### Collection of Information

The NC-TOPPS Initial Assessments and Update Assessments are structured forms designed by representatives from area programs/LMEs and contract agencies, the Community Policy Management Section (CPM), NDRI, and CUACS. The Initial and Update Assessments include a common set of items all clinicians generally collect on their clients. The assessments themselves provide a mechanism for recording this information and making it available to other staff involved in treatment planning and implementation for the client, as well as the research needs of the program and State.

The Initial and Update Assessment forms are processed using TELEform, developed by Cardiff Software™. The TELEform<sup>2</sup> system software is an automated data entry system using optical scan technology that eliminates the need for manual data entry. It is expected that completion of the interview should take no more than 15-20 minutes per client and will complement and/or supplement existing State data requirements.

### Domains of Interest Being Collected

Both the Initial and Update Assessments have approximately 50 items that collect data about each client. The items are used for client tracking, classification, outcome assessment and program performance. In addition, data from NC-TOPPS can be used to address accreditation requirements, specifically those on quality improvement. Domains for which data are collected include client functioning, admission characteristics, clinical status, health, welfare and safety, permanency of life situation, and high-risk behaviors including substance use, arrests, HIV risk, and health care utilization. See Chapter 5 for a complete list of items used in both the Initial and Update Assessments, definitions of key terms, and notes of intent for each item.

Items collected in the assessments will be used to define the following:

- A population of interest which may include maternal/pregnant clients or those mandated by the criminal justice system to enter treatment.
- “Case-mix” adjusters such as client demographics, lifetime measures of criminal involvement or mental health involvement, and client functioning. These items help to standardize populations so they can be compared fairly.
- Client outcome indicators that are directly or indirectly addressed by treatment where a change in behavior is expected. These items include behaviors such as reductions in substance use, health care utilization, and criminal justice involvement.
- Program performance indicators include the ability of the program to engage and retain clients, maintain them in treatment activity, and involve them in self-help groups and/or contacting a sponsor.

## DIFFERENCES BETWEEN INITIAL AND UPDATE FORMS

Many of the items included in the Initial Assessment are also on the Update Assessment. The major differences between the forms are as follows:

- Timeframes on the Initial Assessment include lifetime, past 12 months, past 6 months, past 3 months, and current. Timeframes on the Update Assessment are for the past month, since the last assessment, and current only.
- In order to complete the first 12 items of the Initial Assessment, the clinician must have the client record. On the Update Assessment, the client record is needed to complete the first 20 items.
- All items on the Initial Assessment form are to be completed during a face-to-face interview for each client admitted to the treatment program.
- All items on the Update Assessment are to be completed for each client that is present when the Update is due. Updates should be completed at the following times: 3 month, 6 month, 12 month, Other annual, Transfer or Discharge. If the client is scheduled for a 3 month, 6 month, 12 month, or Other annual Update and is also scheduled for a Transfer or Discharge, only mark 'Transfer or Discharge' on the form.

The Update Assessment has three sections to distinguish what needs to be filled out by client record and what needs to be filled out when the client is present. It is preferable to complete Sections II and III **with the client** in order to insure that the information is representative of their current situation. Clinicians will be allowed to interview a client via the telephone if the client is unable to attend a face-to-face session for an interview. However, Section II may be filled out by the clinician, using the client record, even if the client is not available for an in-person or telephone interview. This expansion of options has been implemented in order to gather more outcomes for each client. Below is an explanation of each section:

- **Update Assessment, Section I:** Items 1-20 on the Update are to be completed by using the client record.
- **Update Assessment, Section II:** Items 21-34 on the Update are to be completed if the client is present for an in-person interview or available for a telephone interview. If the client is present for an in-person interview, use the information gathered in the face-to-face interview with client. **Having the client present for an in-person interview is always preferred.** If the client is available for a telephone interview, use the information gathered in an interview conducted via the telephone. If the client is not present for either type of interview, use information gathered from clinical records, notes, collateral, or other secondary source.
- **Update Assessment, Section III:** Items 35-53 on the Update are only to be completed if the client is present for an in-person interview or available for a telephone interview. If client is not present, stop at question 35. Use the same method of gathering information from an in-person or telephone interview as above.

## **Collecting Updates From Client**

To measure the impact of treatment on client behaviors, it is necessary to re-evaluate the client periodically during their treatment episode. The NC-TOPPS initiative will evaluate active clients at 3 month, 6 month, and 12 month and annually thereafter while in treatment. Clients who have a scheduled Transfer or Discharge should be updated just prior to leaving their current treatment program in an in-person interview. These Updates can be completed at any time following the Initial Assessment. If the client is scheduled for a 3 month, 6 month, 12 month, or Other annual Update and is also scheduled for a Transfer or Discharge, only mark 'Transfer or Discharge' on the form.

Area programs/LMEs should develop strategies to alert clinicians when a client is scheduled for an update. Tickler systems can be as basic as placing Update Assessment forms with pre-recorded client record numbers in a "to do in January" folder or to a more sophisticated computerized system that schedules an appointment for the program with the client.

## **Preparing For Use Of The Assessments**

All of the careful preparations for an initiative of this magnitude are preliminaries to the major task of actually

conducting the information. Clinicians are responsible for using special skills and abilities to carry out the data collection activities. The best instrument design is not useful without skillful and accurate assessment techniques.

Every client assessment is different, and it is impossible to develop a set of procedures and techniques that will ensure success in every situation. This is especially true in substance abuse settings since clinicians deal with a chronic population with special needs. This section contains some general guidelines for clinicians to use while assessing the client. These guidelines are procedures and techniques that have been successful in past research studies and also constitute accepted assessment techniques used in clinical settings.

**It is important that clinicians are very familiar with the assessment instruments before the initial contact with the client.** Knowledge of the assessment forms and procedures will aid in successful implementation. Careful preparation will increase the chances of engaging the client and completing the assessment with accurate information.

## **CONDUCTING ASSESSMENTS**

Basic suggestions for conducting the assessments are as follows:

- Assessments are to be completed by a substance abuse clinician only. New clinicians need to complete the Clinician Enrollment Form (see Appendix) and give to the program's NC-TOPPS Coordinator who will mail the forms to CUACS.
- Assessments should be conducted in a private room or area that is reasonably quiet and free from interruption. This will allow the clinician to maintain confidentiality.
- Do not provide opinions, advice, feelings, or suggestions for help during the assessment. This may influence the client's responses and he/she may give a response designed to please the clinician or they may become concerned about revealing personal information.
- Assume a nonjudgmental, straightforward approach to the subject matter of the assessment form. Research has shown that clinicians who assume an objective/professional attitude secure more accurate data.
- While asking questions, the clinician must secure complete answers and record responses. The clinician can use feedback (or reinforcement) to guide the client's behavior. Providing neutral or positive comments at appropriate times shows the client that he/she is doing a good job. The use of collateral information and utilizing clinical judgment is appropriate to gain more accurate responses.

### **What If The Client Does Not Give An Answer I Can Use?**

Neutral questions or statements encourage clients to enlarge or elaborate on inadequate responses. They also indicate to the client that the clinician is interested in what he/she is saying and would like to hear more. These probes should be asked in a neutral tone of voice so they do not appear to challenge the client. A list of acceptable probes is given below:

- What do you mean?
- Which is closer to the way you feel?

Some questions are designed to have a single answer, but some questions may have multiple answers. Items on the Initial and Update Assessments are all considered single answer unless otherwise indicated by "*(mark all that apply)*." If the client gives more than one answer for a single response question, do not mark more than one answer. Repeat the question stressing words such as "best describes," "current," "usually," or "typical" if they are used in the text of the question.

### **Sensitive Questions**

It is important to be aware of those questions that may be considered sensitive to the client. Some clients may try to avoid answering questions they consider too sensitive by saying "I don't know," rather than indicating a preference not to answer the question at all. Again, an attempt to reassure the client that his/her answers are important and that any information he/she can provide will be helpful. A reference to the confidentiality of the data may be useful as well. There is a "deferred" option on four questions in the Initial Assessment. If the client will not

answer any of the other options, please mark selected, but let the student know that the question will be asked at their next assessment.

## Chapter 3: GUIDELINES

### EPISODE OF TREATMENT

Episode of treatment is defined as that period of service(s) between the beginning of a treatment service for a drug or alcohol problem and the termination of services for the prescribed treatment plan. A NC-TOPPS Initial Assessment form is completed when the client enters your treatment program. When a client changes service, facility, program or location during an episode of treatment, a NC-TOPPS Update Form needs to be completed checking "Transfer or Discharge" on item 11a. When a client is Discharged from treatment, a NC-TOPPS Update Assessment form also needs to be completed checking 'Transfer or Discharge' on item 11a. For either a *Transfer* or *Discharge*, item 11b must be completed which provides a reason for checking 'Transfer or Discharge' on item 11a. If the client is scheduled for a 3 month, 6 month, 12 month, or Other annual Update and is also scheduled for a Transfer or Discharge, only mark 'Transfer or Discharge' on the form.

### TRACKING CLIENTS SERVED BY MULTIPLE PROVIDERS

#### Introduction

Several factors make it challenging to track NC-TOPPS substance abuse clients and the treatment services that they receive. First, it is common for clients served through the state substance abuse treatment services system to receive a range of treatment services. These services may be provided from multiple providers in different agencies or programs and also from providers in different units within the same organization, facility or area program/LME. Second, not all substance abuse treatment service providers participate in NC-TOPPS. Third, the state has not yet developed a system to assure each client for each episode of treatment has a unique identifying number that is used throughout our system, across facilities and programs. Fourth, legislative criteria require that certain actions be followed, specifically for the CASAWORKS and perinatal programs.

The overarching guideline outlined in this policy is that when there is more than one NC-TOPPS provider involved in client treatment, **coordination is required to assure that for an episode of treatment there is only one NC-TOPPS record and that it reflects all services the client is receiving.** The following hierarchy for who should be the lead provider in terms of completing NC-TOPPS Assessments serves as a decision making guide to providers. Programs above others on the list are to take the lead, which includes responsibility for completing NC-TOPPS Assessment forms, noting all the appropriate eligibility and special populations for a client and capturing all services received by the client including those provided by other programs in NC-TOPPS.

- CASAWORKS Residential
- Residential Services (greater than 60 days and including perinatal residential and halfway house clients receiving outpatient treatment)
- Perinatal (outpatient and residential)
- Methadone
- MAJORS
- Outpatient at Area programs/LMEs (including Outpatient TANF)

Work First TANF clients not in residential treatment are considered to be in the outpatient area program/LME category. When clients are served at ADATCs, they should be tracked by the lead outpatient provider. On Update Assessment, item 17, ADATC services should be recorded.

## Guidelines for CASAWORKS Clients

The CASAWORKS provider is responsible for collecting and documenting on the NC-TOPPS Assessment forms all eligibility and special population category data and all treatment service data from all providers for enrolled CASAWORKS' clients.

The following steps illustrate the NC-TOPPS process for CASAWORKS.

1. When any female client is referred from a NC-TOPPS treatment provider into a CASAWORKS program the *referring provider* should complete an Update Assessment and mark "Transfer or Discharge" on item 11a and "Transferred to another program or facility" on item 11b. The *referring provider's* responsibility for NC-TOPPS is now complete for this client.
2. The *new provider*, CASAWORKS program, will then complete a NC-TOPPS Initial Assessment and all subsequent Update Assessments until the time of discharge from CASAWORKS. At discharge from CASAWORKS, a NC-TOPPS Update Assessment should be completed and "Transfer or Discharge" should be checked on item 11a and the appropriate category in item 11b.
3. If the client is continuing in treatment with another NC-TOPPS provider, then the *new provider* is to complete a NC-TOPPS Initial Assessment and follow the guidelines below.

## Guidelines for All Other Residential Programs (Length of stay greater than 60 days and including perinatal residential and halfway house clients receiving outpatient treatment)

The *residential provider* is responsible for collecting and documenting on the NC-TOPPS Assessment forms all treatment service data from all providers for clients enrolled in a residential treatment program.

1. When any client is referred into a residential treatment program that is a part of the NC-TOPPS system, this includes all perinatal treatment programs, transitional houses, and halfway houses, the *referring provider* should complete a NC-TOPPS Update Assessment and mark "Transfer or Discharge" on item 11a and "Transferred to another program or facility" on item 11b.
2. The *new provider* will then complete a NC-TOPPS Initial Assessment and all subsequent Update Assessments until the time of discharge from residential care.
3. At discharge from residential care, a NC-TOPPS Update Assessment should be completed, and "Transfer or Discharge" should be checked on item 11a and the appropriate category in item 11b.

## Guidelines for Outpatient Clients Receiving Services from More than One Provider

For clients not in CASAWORKS or any other residential program follow these steps.

1. If the client is enrolled with a perinatal substance abuse outpatient provider, the *perinatal provider* is responsible for completing all NC-TOPPS Assessments, selecting all appropriate eligibility and special population category data and gathering treatment information from other providers serving the client.
2. If a methadone program is one of the providers, and neither CASAWORKS, residential, nor perinatal is one of the providers, then the *methadone provider* is responsible for completing all NC-TOPPS Assessments, selecting all appropriate eligibility and special population category data and gathering treatment service information from other providers serving the client.
3. If a MAJORS program is one of the providers, and neither residential, perinatal, nor methadone is one of the providers, then the *MAJORS provider* is responsible for completing all NC-TOPPS Assessments, selecting all appropriate eligibility and special population category data and gathering treatment service information from other providers serving the client.
4. If an outpatient treatment provider is serving a client and neither CASAWORKS, residential, perinatal,

methadone, nor MAJORS is one of the providers, then the *outpatient provider* is responsible for completing all NC-TOPPS Assessments, selecting all appropriate eligibility and special population category data and gathering treatment service information from other providers serving the client.

## **Guidelines for all NC-TOPPS Providers**

If a client is Transferred from one service provider or agency to another, then the *referring provider* should complete an Update Assessment marking 'Transfer or Discharge' in item 11a and 'Transferred to another program or facility' on item 11b. The *new provider* will complete an Initial Assessment and subsequent Update Assessments until the time of discharge.

In any situation where a client is Discharged, an Update Assessment must be completed, marking 'Transfer or Discharge' on item 11a and the appropriate category in item 11b. If the client enters treatment at a later date, an Initial Assessment and subsequent Update Assessments should be completed for this new episode of treatment. If the client is scheduled for a 3 month, 6 month, 12 month, or Other annual Update and is also scheduled for a Transfer or Discharge, only mark 'Transfer or Discharge' on the form.

## Chapter 4: FILLING OUT THE FORM

The forms used for the NC-TOPPS program-based performance and outcome monitoring system have been created for use with an optical scanner. While this technology allows for fast and reliable data entry, to obtain the best results, it is crucial that the form is marked accurately and legibly. If not, the form may not be processed or information collected from the form may have significant data misinterpretations that could greatly distort results. In order to ensure all data received through the NC-TOPPS project is accurate and reliable, please take the following precautions.

### MAIN RULES WHEN FILLING OUT AN ASSESSMENT

The optical scanner software identifies the form type from the bar code box in the lower right corner of the form. The four black boxes on the form help the scanner align the page and determine where to look for data on the page. It is important not to write on, tear, or staple the form. Also, it is important not to fold or wrinkle the assessment forms; folds and creases often result in jamming the scanner.

Both the Initial and Update Assessment forms follow the same general rules.

- For items needing a number recorded, handwriting is very important and numbers should be filled out using the example at the top of each instrument.
- Do not enter letters in numeric fields (there are no fields where letters are appropriate). For example, if your facility uses letters in Client Record Number or Clinician ID, simply omit the letter and record only the numerals.
- For items where an "X" is being used to mark the response, please fill up the entire box with the "X."
- Instructions to the clinician to either "mark all that apply" or "skip to..." are printed in italics.
- Clients should be able to respond to each item on the form without problem. Areas where there may be some question to the applicability of the item for the client, the response option "NA" or not applicable is available.

### Filling in Numeric Responses

Open-ended response options are common in the Initial and Update Assessment forms. When recording numeric entries, the following rules apply:

- DO NOT allow numbers to overlap the edges of the target box.
- If a client has been arrested three times, recording the entry in any of the following formats is acceptable.

Example:  Best

- A leading zero is not necessary and often, if present, is sloppily written which results in the value being interpreted incorrectly.

Numbers should be written legibly inside the target box. For best results, write numbers as legibly as possible. Use the example below as a template for drawing numbers that will have the best results.



## Why Does the Clinician Need to Be Careful?

During the automated data entry process, optical recognition occurs inside the target box only. If the clinician is not careful, data can be misinterpreted or lost completely because the number is unrecognizable. The following are examples of illegible numbers and incorrect interpretation of the data if marked outside the target box.

	Recorded As	Intended As	Interpreted As
Numbers Written Poorly	<input type="text" value="4"/>	4	<input type="text" value="9"/>
	<input type="text" value="6"/>	0	<input type="text" value="6"/>
Outside Target Box	<input type="text" value="2"/>	2	<input type="text" value="7"/>
	<input type="text" value="3"/>	3	<input type="text" value="2"/>

## Marking the Boxes

Most questions have two or more preprinted response options, each of which has a box placed to the left of the response option. Mark the box that best represents that client's response with an "X". Place the mark inside the target box and cover as much of the box as possible. Do not mark the target box with a slash (/), dot (.), dash (-), or check mark (✓).

## What Kind of Pen Should the Clinician Use?

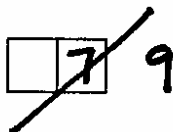
Using a legible pen is just as important as good handwriting. Use the following advice when choosing a pen for filling out the forms:

- A felt tip pen with a fine point is strongly suggested.
- Use black or dark blue ink.
- Ballpoint pens that produce solid, continuous lines are acceptable.
- Do not use pencils and ballpoint pens with ink that skips.
- Do not use highlighter pens or markers.

## Mistakes Made By Clinician

If a mistake is made by marking a wrong response or writing a wrong numeric response, please use the following advice:

- Mark through the incorrect response with a bold slash and mark the appropriate box or print the correct value in the margin, close to the original response.
- Do not use white-out to correct the mistake
- If there are more than five mistakes on the form, please redo on new, clean form.



## **What Does the Clinician Do When He/She is Done With the Assessment?**

After asking all of the questions in the assessment, quickly glance over the completed assessment to be certain that all of the necessary information from the client has been obtained. After the interview is completed, please review the assessment to check for the following:

- Illegible handwriting
- Inaccurate Client Record Number and/or Facility Code
- Client Record Number on all 4 pages
- Insufficient marks or marks outside the target area

## **WHEN AND WHERE TO SEND COMPLETED ASSESSMENTS**

- When the Initial and/or Update Assessments are completed, a photocopy of the assessment should be placed in the client's record and afforded all protections of 42 CFR Part 2 and HIPAA, 45 CFR Parts 160 and 164.
- Clinician gives original forms to the area program/LME's NC-TOPPS Coordinator.
- Coordinator sends the forms at least two times a month, with a transmittal form as the cover page, in an envelope no smaller than 8 ½ by 11. He/she should also include any new Clinician Enrollment Forms.
- Assessment forms should always be mailed on or a few days before the last day of each month.

Send forms to:

North Carolina State University  
Center for Urban Affairs and Community Services  
Attn: Kathryn Haynes Long  
Campus Box 7401  
Raleigh, NC 27695

## **SUMMARY**

- Read the assessment forms thoroughly before administering.
- Use your best print and keep your data within the box.
- Use a legible pen.
- Do not make copies of forms for CUACS submission. Do not send copies of forms to CUACS. Only send original assessments.
- Do not use a check mark or other stray marks to fill in the box, only use "X."
- Do not fold or bend the forms.
- Do not tamper with the code in the lower right corner of each page of the form.
- Do not staple or hole punch the form.

## Chapter 5: ITEM DESCRIPTION, DEFINITIONS, AND ENTRY INSTRUCTIONS

This chapter provides a detailed description of each item asked on the Initial and Update Assessments. Most problems arise when the clinician is unaware or not informed of the intent of the questions; therefore, this chapter is designed to reduce ambiguity.

The Item Description, Definitions, and Entry Instructions table is set up in three columns. The first column, IA, refers to the Initial Assessment and the second column, UA, refers to the Update Assessment. Under the IA and UA columns, the item numbers are listed. The third column is the Item Description, Definitions, and Entry Instructions. Under this column, there is a bold title to represent the description and definition of each item, as well as the entry instructions for the clinician. Depending on the question, words may be defined to help answer questions the clinician may have about the assessment item.

Each clinician should be held responsible for understanding each item on the assessments. This will help reduce the time it takes to conduct the interview and gather better data. If a clinician has any questions about the content in the assessments, they should contact CUACS or NDRI before using the instrument.

Please look in the Appendix for these forms:

- Initial Assessment Form
- Update Assessment Form
- Transmittal Form
- Clinician Enrollment Form

Item		Item Description, Definitions, and Entry Instructions							
IA	UA								
		<b>Client Record Number (Record on all 4 pages of assessment)</b> An identifier from 1 to 9 numeric digits that is unique within the facility. <u>Number MUST be entered on each page of the assessment.</u> The client must meet the following criteria for inclusion in NC-TOPPS: <ul style="list-style-type: none"> <li>• Has a DSM-IV diagnosis for alcohol or substance abuse or dependence.</li> <li>• Has completed the screening and intake process.</li> <li>• Has been formally admitted for substance abuse in a public or private agency, or funded by a State Alcohol or Drug Authority.</li> </ul>							
1	1	<b>Today's Date</b> Record month, day, and year the form is completed. Today's Date is used as a measure of compliance for the Performance Agreement and used as a method to calculate client's age at assessment. Please double check the month, day, and year.							
	2	<b>First SA Treatment Date (for this episode of treatment)</b> Record month, day, and year the client received their first treatment session for the current episode.							
	3	<b>Last Client Contact for Billable Service</b> Record month, day, and year of the last time the client was seen for a billable service by the facility that is responsible for completing the NC-TOPPS assessment.							
2	4	<b>Client Date of Birth</b> Record month, day, and year of the client's birth.							
3	5	<b>Client County of Residence</b> Record the 2-digit code from code sheet (below). If the client resides out of state, use 2-letter abbreviations (i.e., SC, VA, TN).							
		01	Alamance	26	Cumberland	51	Johnston	76	Randolph
		02	Alexander	27	Currituck	52	Jones	77	Richmond
		03	Alleghany	28	Dare	53	Lee	78	Robeson
		04	Anson	29	Davidson	54	Lenoir	79	Rockingham
		05	Ashe	30	Davie	55	Lincoln	80	Rowan
		06	Avery	31	Duplin	56	Macon	81	Rutherford
		07	Beaufort	32	Durham	57	Madison	82	Sampson
		08	Bertie	33	Edgecombe	58	Martin	83	Scotland
		09	Bladen	34	Forsyth	59	McDowell	84	Stanly
		10	Brunswick	35	Franklin	60	Mecklenburg	85	Stokes
		11	Buncombe	36	Gaston	61	Mitchell	86	Surry
		12	Burke	37	Gates	62	Montgomery	87	Swain
		13	Cabarrus	38	Graham	63	Moore	88	Transylvania
		14	Caldwell	39	Granville	64	Nash	89	Tyrrell
		15	Camden	40	Greene	65	New Hanover	90	Union
		16	Carteret	41	Guilford	66	Northampton	91	Vance
		17	Caswell	42	Halifax	67	Onslow	92	Wake
		18	Catawba	43	Harnett	68	Orange	93	Warren
		19	Chatham	44	Haywood	69	Pamlico	94	Washington
		20	Cherokee	45	Henderson	70	Pasquotank	95	Watauga
		21	Chowan	46	Hertford	71	Pender	96	Wayne
		22	Clay	47	Hoke	72	Perquimas	97	Wilkes
		23	Cleveland	48	Hyde	73	Person	98	Wilson
		24	Columbus	49	Iredell	74	Pitt	99	Yadkin
		25	Craven	50	Jackson	75	Polk	00	Yancey

Item					
IA	UA	Item Description, Definitions, and Entry Instructions			
4	7	<b>Facility Code</b>			
		Record the Area Program identification number. This code is used along with the Client Record Number to uniquely identify client within the State. LME numbers may be assigned in the future. Once these numbers become effective, we will accommodate the change.			
		13010	Smoky Mountain	33021	Davidson
		13021	Blue Ridge	33031	Sandhills Center
		13030	New River	33040	Southeastern Regional
		13041	Trend	33041	Southeastern Regional – Maternal/Pregnant
		13051	Foothills	33051	Cumberland
		13061	Rutherford-Polk	33061	Lee-Harnett
		13081	Pathways	33071	Johnston-Main
		13091	Catawba	33081	Wake
		<i>Mecklenburg</i>		33101	Randolph
		10380	McLeod Center - Hickory	43011	Southeastern Area
		13103	McLeod Center - Charlotte	43021	Onslow
		13104	Maternal/Perinatal	43031	Wayne
		13106	McLeod Center - Gastonia	43041	Wilson-Greene
		20871	McLeod Addictive Disease Center - Boone	43051	Edgecombe-Nash
		30064	McLeod Addictive Disease Center - Concord	43061	Riverstone
		30140	McLeod Center - Marion	43071	Neuse
		13121	Piedmont Behavioral Healthcare	43081	Lenoir
		<i>Crossroads</i>		43091	Pitt
		23011	Surry	43101	Roanoke-Chowan
		23012	Yadkin	43111	Tideland
		23013	Elkin	43121	Albemarle
		23014	Iredell	43131	Duplin-Sampson
		23021	CenterPoint	51474	UNC Alcohol & Substance Abuse Program
		23031	Rockingham	51536	Day By Day Treatment Center
		23041	Guilford		
		23051	Alamance-Caswell		
		23052	Alamance-Caswell		
		23061	O-P-C		
		23071	Durham Center		
		23081	V-G-F-W		
		<b>Private Methadone programs</b>			
		53010	Raleigh Methadone Treatment Center (RMTC)	53016	Western Carolina Treatment Center
		53011	Advanced Treatment Systems (ATS)	53019	Charlotte Treatment Center

		53012	Greensboro Treatment Center	53020	Fayetteville Treatment Center
		53013	New Hanover Metro Treatment Center	53021	Rowan Treatment Center
		53014	Durham Treatment Center	53023	Sanford Treatment Center
		53015	Queen City Treatment Center		

Item		Item Description, Definitions, and Entry Instructions
IA	UA	
5	8	<b>DFS MH License Number</b> Record your site's Division of Facility Services Mental Health Licensure Number. Use only the digits of the license. For example, if your license is MHL 001-000, record 001-000.
6	9	<b>Reporting Unit</b> Record the Reporting Unit, Cost Center, or Program Number as assigned by the area program/LME. The Reporting Unit helps to identify contract providers or special programs for purposes of reporting.
7	10	<b>Primary Clinician ID</b> Record the staff identification code of clinician completing Initial or Update Assessment. Each facility has the responsibility to assign the Clinician ID. New clinicians need to fill out Clinician Enrollment Form (see Appendix).
8	6	<b>Client Gender</b> Record client's gender at birth.
	11	<b>Type of Assessment</b> Mark the appropriate Update type. If the client is scheduled for a 3 month, 6 month, 12 month, or Other annual Update and is also scheduled for a Transfer or Discharge, only mark 'Transfer or Discharge' on the form.
		3 month update      Client has completed 90 days following Initial Assessment, plus or minus two weeks.
		6 month update      Client has completed 180 days following Initial Assessment, plus or minus two weeks.
		12 month update      Client has completed 360 days following Initial Assessment, plus or minus two weeks.
		Other annual update      Client has completed approximately 360 days after the 12 month update, plus or minus two weeks.
		Transfer or Discharge      Transfer – Client has transferred to another level of care. Does not include detox or short-term residential (up to 90 days) treatment services; Discharge – Client is being discharged from completing treatment or initiative.      treatment. This includes the client being discharged at program
	11b	<b>Reason for Transfer or Discharge</b> Mark the appropriate reason for transfer or discharge of client: <ul style="list-style-type: none"> <li>Completed treatment – Completed all planned treatment for the current episode</li> <li>Discharged at program initiative</li> <li>Transferred to another program or facility</li> <li>Refused treatment</li> <li>Client did not return as scheduled within 60 days – left against professional advice (dropped out)</li> <li>Incarcerated</li> <li>Institutionalized</li> <li>Died</li> </ul>
9a	12a	<b>Global Assessment of Functioning Score (GAF) – Note current GAF score</b> GAF is used for both children and adults to measure “psychological, social and occupational functioning.” GAF scores range from “01” for a very low functioning individual to “99” for a high functioning individual.
		91-99      Superior functioning in a wide range of activities, life's problems never seem to get out of hand, is sought out by others because of his or her many positive qualities. No symptoms.

		<p>0.00 Absent or minimal symptoms (e.g., mild anxiety before an exam), good functioning in all areas, interested and involved in a wide range of activities, socially effective, generally satisfied with life, no more than everyday problems or concerns (e.g., an occasional argument with family members).</p>
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Item		Item Description, Definitions, and Entry Instructions
IA	UA	
9a	12a	<b>Global Assessment of Functioning Score (GAF) – Note current GAF score</b> GAF is used for both children and adults to measure “psychological, social and occupational functioning.” GAF scores range from “001” for a very low functioning individual to “99” for a high functioning individual. <b>(continued)</b>
		71-80 If symptoms are present, they are transient and expectable reactions to psycho social stresses (e.g., difficulty concentrating after family argument), no more than slight impairment in social, occupational, or school functioning (e.g., temporarily falling behind in schoolwork).
		61-70 Some mild symptoms (e.g., depressed mood and mild insomnia) OR some difficulty with occupational or school functioning (e.g., occasional truancy or theft within the household), but generally functioning well, has some meaningful interpersonal relationships.
		51-60 Moderate symptoms (e.g., flat affect and circumstantial speech, occasional panic attacks) OR moderate difficulty in social, occupational, or school functioning (e.g., few friends, conflicts with peers or co-workers).
		41-50 Serious symptoms (e.g., suicidal ideation, severe obsession rituals, frequent shoplifting) OR any serious impairment in social, occupational, or school functioning (e.g., no friends, unable to keep a job).
		31-40 Some impairment in reality testing or communications (e.g., speech is at times illogical, obscure, or irrelevant) OR major impairment in several areas, such as work or school, family relations, judgment, thinking, or mood (e.g., depressed person avoids friends, neglects family, and is unable to work; child frequently beats up younger children, is defiant at home and is failing at school).
		21-30 Behavior is considerably influenced by delusions or hallucinations OR serious impairment in communication or judgment (e.g., sometimes incoherent, acts grossly inappropriately, suicidal preoccupation) OR inability to function in almost all areas (e.g., stays in bed all day, no job, home, or friends).
		11-20 Some danger of hurting self and/or others (e.g., suicide attempts without clear expectation of death, frequently violent, manic excitement) OR occasionally fails to maintain minimal personal hygiene (e.g., smears feces) OR gross impairment in communication (e.g., largely incoherent or mute).
		1-10 Persistent danger of severely hurting self and/or others (e.g., recurrent violence) OR persistent inability to maintain minimal personal hygiene OR serious suicidal act with clear expectation of death.
	12b	<b>Updated GAF Score</b> Indicate if the GAF score has been updated in the last 90 days.
9b	12c	<b>Child/Adolescent Functional Assessment Score (CAFAS)</b> Leave blank for adult. Enter current CAFAS scores for the following domains: Role Performance, Behavior Toward Others, Moods/Self-Harm, Substance Abuse, and Thinking. If a domain score is 0, do not leave blank. Enter “0”.
	12d	<b>Updated CAFAS Score</b> Indicate if the CAFAS score has been updated in the last 90 days.

10		<p><b>Primary Substance Problem</b></p> <p>In rank order, indicate the top three substances that cause the most problems or disruption in the client's life. Indicate client's Primary (required), Secondary (if applicable), and Tertiary (if applicable) substance problems by entering a "1" for Primary, "2" for Secondary, and "3" for Tertiary.</p> <p>These substances should have been used by the client within the past 12 months. If the client is undergoing treatment in order to avert relapse, indicate the substance for which they are receiving treatment as Primary.</p> <p><u>Do not enter more than one Primary, Secondary, or Tertiary substance of abuse.</u></p>
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Item		Item Description, Definitions, and Entry Instructions																						
IA	UA																							
10		<b>Primary Substance Problem (continued)</b> If client is diagnosed as polysubstance dependent, the clinician should use the following rules for indicating the Primary, Secondary, and Tertiary substances: <div><div>1.</div><div>Primary is the substance that causes the most problems or disruptions in the client's life.</div></div> <div><div>2.</div><div>If all substances are equally problematic or disruptive, use the frequency and severity of the substances with clinical judgment to define the Primary, Secondary, and Tertiary substance problem.</div></div>																						
11	13	<b>Eligibility &amp; Special Populations</b> <i>Mark all that apply.</i> <table><tr><td>DWI</td><td>Driving While Impaired – Client is participating in treatment due to DWI conviction.</td></tr><tr><td>TASC</td><td>Treatment Accountability for Safer Communities – Client is referred by the judicial system because he/she has been charged with a criminal offense related to drug and alcohol use.</td></tr><tr><td>SSI/SSDI</td><td>Client who is receiving Supplemental Security Income or Supplemental Security Disability Income.</td></tr><tr><td>SPMI</td><td>Serious and Persistent Mental Illness – Client is 18 years or older and exhibits emotional or behavior functioning which is so impaired as to interfere substantially with their capacity to remain in the community without supportive treatment or services of a long-term or indefinite duration.</td></tr><tr><td>TBI</td><td>Traumatic Brain Injury – Client is disabled due to a head injury that produces any or all of the following impairments: cognitive impairment, communication disorder, motor dysfunction, and behavioral disorders.</td></tr><tr><td>MAJORS</td><td>Managing Access for Juvenile Offenders, Resources, and Services – Client is enrolled in MAJORS program.</td></tr><tr><td>TANF Work First</td><td>Temporary Assistance for Needy Families – Client who is authorized by DSS to receive Work First assistance and/or services.</td></tr><tr><td>H or I Felon/ Food stamps</td><td>Client has applied for Food Stamps <u>and</u> has conviction of a Class H or I Controlled Substance Felony in North Carolina</td></tr><tr><td>Maternal/ Pregnant</td><td>Female client who is pregnant or has primary responsibility for the care of natural, adopted, step-, or foster children under 18 years of age.</td></tr><tr><td>CPS involved parent</td><td>CPS involved adult parents who have legal custody of a child or children under 18 years of age and who are under active investigation or supervision by Child Protective Services for suspected or substantiated child abuse or neglect.</td></tr><tr><td>Methadone/ Buprenorphine</td><td>Client is currently enrolled in a methadone or buprenorphine treatment program.</td></tr></table>	DWI	Driving While Impaired – Client is participating in treatment due to DWI conviction.	TASC	Treatment Accountability for Safer Communities – Client is referred by the judicial system because he/she has been charged with a criminal offense related to drug and alcohol use.	SSI/SSDI	Client who is receiving Supplemental Security Income or Supplemental Security Disability Income.	SPMI	Serious and Persistent Mental Illness – Client is 18 years or older and exhibits emotional or behavior functioning which is so impaired as to interfere substantially with their capacity to remain in the community without supportive treatment or services of a long-term or indefinite duration.	TBI	Traumatic Brain Injury – Client is disabled due to a head injury that produces any or all of the following impairments: cognitive impairment, communication disorder, motor dysfunction, and behavioral disorders.	MAJORS	Managing Access for Juvenile Offenders, Resources, and Services – Client is enrolled in MAJORS program.	TANF Work First	Temporary Assistance for Needy Families – Client who is authorized by DSS to receive Work First assistance and/or services.	H or I Felon/ Food stamps	Client has applied for Food Stamps <u>and</u> has conviction of a Class H or I Controlled Substance Felony in North Carolina	Maternal/ Pregnant	Female client who is pregnant or has primary responsibility for the care of natural, adopted, step-, or foster children under 18 years of age.	CPS involved parent	CPS involved adult parents who have legal custody of a child or children under 18 years of age and who are under active investigation or supervision by Child Protective Services for suspected or substantiated child abuse or neglect.	Methadone/ Buprenorphine	Client is currently enrolled in a methadone or buprenorphine treatment program.
DWI	Driving While Impaired – Client is participating in treatment due to DWI conviction.																							
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TANF Work First	Temporary Assistance for Needy Families – Client who is authorized by DSS to receive Work First assistance and/or services.																							
H or I Felon/ Food stamps	Client has applied for Food Stamps <u>and</u> has conviction of a Class H or I Controlled Substance Felony in North Carolina																							
Maternal/ Pregnant	Female client who is pregnant or has primary responsibility for the care of natural, adopted, step-, or foster children under 18 years of age.																							
CPS involved parent	CPS involved adult parents who have legal custody of a child or children under 18 years of age and who are under active investigation or supervision by Child Protective Services for suspected or substantiated child abuse or neglect.																							
Methadone/ Buprenorphine	Client is currently enrolled in a methadone or buprenorphine treatment program.																							

	Deaf/hard of hearing	Client who communicates by using sign language or who requires assistive listening devices in order to communicate.
	Comm. disease	Adult clients who are infected with HIV, tuberculosis, or hepatitis B, C, or D.
	HIV	Adult clients who are infected with HIV.
	Child/Adolescent	Client is younger than 18.
	Child in DSS custody	Child may or may not be in foster care. DSS has the legal responsibility for the child. Applies to child clients only, not adults whose child is in DSS custody.
	Juvenile/criminal justice	Client who is receiving services because of the involvement in the juvenile or criminal justice system, including arrest, delinquency petition, incarceration, probation, or parole OR someone who has been arrested or incarcerated in the last 90 days.
	Non-English speaking	Client who communicates only in language(s) other than English and therefore requires an interpreter.

Item		
IA	UA	Item Description, Definitions, and Entry Instructions
11	13	<b>Eligibility &amp; Special Populations (continued)</b> <i>Mark all that apply.</i>
		CASAWORKS Residential Client who is currently enrolled in NC CASAWORKS for Families Residential Program initiative.
		High management adult Adult clients who meet DSM criteria for a substance-related disorder <b>and</b> (1) are involuntarily committed to substance abuse treatment (legally determined to be dangerous to self or others and may have co-occurring mental illness <b>or</b> (2) have a substance use pattern of recurring episodes of habitual use with multiple documented unsuccessful treatment episodes which may include assisted detoxification, <b>and</b> who are advanced in their disease, <b>and</b> who have no social or environmental supports, <b>and</b> who have few coping skills, <b>and</b> who may be highly resistive to treatment, <b>and</b> who have co-occurring disorders (excluding the Severe and Persistent Mental Illness (SPMI) and the Serious Mental Illness (SMI) populations), <b>and</b> who may have moderate biomedical conditions.
		Injection drug user Adult clients who are currently (within the past 30 days) injecting a drug for non-medically sanctioned use.
		No special population Does not fit with any of the above special population groups.
12		<b>Referral Sources</b> <i>Mark all that apply.</i>
		Court ordered A referral by a court (including DWI/DUI). Includes clients referred in lieu of or for deferred prosecution, during pretrial release, or before or after official adjudication.
		Other CJ source Any police official, judge, prosecutor, probation officer, or other person affiliated with a Federal, State, or county judicial system. Includes clients referred through civil commitment.
		DSS A referral from the Department of Social Services.
		Employer/EAP A referral from client's supervisor or employee counselor.
		School School (Educational) – A referral from client's school principal, counselor, teacher, Student Assistance Program (SAP), the school system, or an educational agency.

	Alcohol/Drug Abuse Treatment Center	Client referred from one of the state-operated Alcohol Drug Abuse Treatment Centers in Greenville, Butner, or Black Mountain.
	Detox facility	A referral from any facility where individuals are systematically withdrawn from addicting drugs. Includes outpatient, social setting, non-hospital, or inpatient hospital.
	SA Commitment 122-C	Client was involuntarily committed based on State statute 122- C immediately prior to entering treatment at this time.
	State hospital	A referral from a State psychiatric hospital.
	Physician/health	Other Health Care Provider – A physician, psychiatrist, or other agency licensed health care professional or general hospital mental health programs or nursing homes.
	Community agency	Other Community Referral – Community and religious organization or any Federal, State, or local agency that provides aid in the areas of poverty relief, unemployment, shelter, or social welfare. Defense attorneys are included in this category.
	Area/contract program	Client was referred to this treatment program/LME by another authority or by another contracted substance abuse treatment provider.
	Family/friend	A referral from a family member or friend.
	Self	Client is self-referred.

Item																		
IA	UA	Item Description, Definitions, and Entry Instructions																
13		<b>Hispanic Origin</b> Ethnicity is different from race. Do not assume any ethnicity (e.g., if the client is white, do not assume they are not of Hispanic origin). Hispanic ethnic background is defined as having Spanish-speaking parents/ancestors or from a Spanish-speaking country, including the countries of Portugal and Brazil.																
14		<b>Race</b> <i>Mark only one.</i> <table><tr><td>African American/Black</td><td>Origins in any of the black racial groups of Africa.</td></tr><tr><td>White/Anglo/Caucasian</td><td>Origins in any of the people of Europe, North Africa, or the Middle East.</td></tr><tr><td>Multiracial</td><td>Use only if the client insists they identify with more than one racial group.</td></tr><tr><td>American Indian/American</td><td>(Other than Alaskan Native) – Origins in any of the original Native people of North America and South America (including Central America) and who maintain cultural identification through tribal affiliation or community recognition.</td></tr><tr><td>Alaska Native</td><td>(Aleut, Eskimo, Indian) – Origins in any of the original people of Alaska.</td></tr><tr><td>Asian</td><td>Origins in any of the original people of the Far East, the Indian subcontinent, or Southeast Asia. This category also includes Orientals.</td></tr><tr><td>Pacific Islander</td><td>Origins in any of the people of the Pacific Islands.</td></tr><tr><td>Other</td><td>A default category for use in instances in which the client does not identify with any of the races listed or whose origin group, because of area custom, is regarded as a racial class distinct from the above categories.</td></tr></table>	African American/Black	Origins in any of the black racial groups of Africa.	White/Anglo/Caucasian	Origins in any of the people of Europe, North Africa, or the Middle East.	Multiracial	Use only if the client insists they identify with more than one racial group.	American Indian/American	(Other than Alaskan Native) – Origins in any of the original Native people of North America and South America (including Central America) and who maintain cultural identification through tribal affiliation or community recognition.	Alaska Native	(Aleut, Eskimo, Indian) – Origins in any of the original people of Alaska.	Asian	Origins in any of the original people of the Far East, the Indian subcontinent, or Southeast Asia. This category also includes Orientals.	Pacific Islander	Origins in any of the people of the Pacific Islands.	Other	A default category for use in instances in which the client does not identify with any of the races listed or whose origin group, because of area custom, is regarded as a racial class distinct from the above categories.
African American/Black	Origins in any of the black racial groups of Africa.																	
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Pacific Islander	Origins in any of the people of the Pacific Islands.																	
Other	A default category for use in instances in which the client does not identify with any of the races listed or whose origin group, because of area custom, is regarded as a racial class distinct from the above categories.																	
	14	<b>Current Dosage Level</b> <u>NOTE:</u> Record from Client Record. Record the most current Methadone, Naltrexone, Buprenorphine, and/or Antabuse dosage level, in milligrams. Check “None of these medications used” if client is not using these medications.																
	15	<b>Substance Abuse Session Attendance</b> <u>NOTE:</u> Record from Client Record. Record number of individual substance abuse related sessions scheduled and attended for each of these categories. Does not include screening or clinical evaluation of client. Includes substance abuse treatment participation only: a. Number of group sessions. b. Number of individual/family sessions. c. Number of case management events. d. Number of nights in residential services. If client has no session scheduled or attended, enter “0.”																
	16	<b>Drug Test(s) Conducted and Results</b> <u>NOTE:</u> Record from Client Record Enter the number of tests conducted and how many were tested positive. Do not count if positive for Methadone only. If there were tests conducted positive, report how often each of these substances appeared in the tests: Alcohol, THC, Opiates, Benzodiazepine, Cocaine, Amphetamines, or Barbiturates. If no tests were conducted or tested positive, enter “0.”																

Item		Item Description, Definitions, and Entry Instructions																						
IA	UA																							
	17	<p><b>Treatment Services Rendered</b></p> <p><u>NOTE:</u> Record from Client Record.</p> <p><u>NOTE:</u> Descriptions outlined below reflect general American Society of Addiction Medicine (ASAM) criteria. For services that do not meet the exact criteria listed below, indicate the service that best fits what the client received.</p> <p><i>Mark all that apply.</i></p> <table><tr><td>Inpatient hospital detox</td><td>A 24-hour hospital stay primarily for medical services designed to withdraw individual from alcohol and other drugs.</td></tr><tr><td>Non-hospital medical detox</td><td>A 24-hour residential facility that provides medical treatment and supportive services under the supervision of a physician. This facility is designed to withdraw individuals from alcohol and other drugs to prepare him/her to enter a more extensive treatment and rehabilitation program.</td></tr><tr><td>Social setting detox</td><td>A 24-hour residential facility which provides social support and other non-medical services to individuals who are experiencing physical withdrawal.</td></tr><tr><td>Outpatient detox</td><td>A periodic service which provides services involving the provision of supportive services, particularly active support systems under the supervision of a physician for clients who are experiencing physical withdrawal. Services include appropriate medical, nursing, and specialized substance abuse services.</td></tr><tr><td>Opioid detox therapy</td><td>The goal of this program is to assist the client in achieving eventual drug-free living and totally resocialize the client so that he/she can return to unsupervised community living.</td></tr><tr><td>Opioid maintenance therapy</td><td>The goal of this program is to provide continued counseling and support to clients, all of whom are expected to continue indefinitely on methadone; develop a sense of trust in the program staff and people in general; and develop vocational skills that will allow clients to hold jobs.</td></tr><tr><td>Outpatient counseling</td><td>The goal of this program is to complete resocialization of the client in order to enable him/her to live a drug-free life in the community or to reduce the client's need for drugs as a means of coping with societal pressures. Typically, clients attend this program once a week for one to two hour sessions.</td></tr><tr><td>Intensive outpatient</td><td>The goal of this program is to complete resocialization of the client in order to enable him/her to live a drug-free life in the community or to reduce the client's need for drugs as a means of coping with societal pressures. Typically, clients attend this program three or more hours per day, three or more times per week.</td></tr><tr><td>Day treatment</td><td>Service available for number of hours defined by licensure rules.</td></tr><tr><td>ADATC</td><td>Alcohol/Drug Abuse Treatment Center – Client referred from one of the state-operated Alcohol Drug Abuse Treatment Centers in Greenville, Butner, or Black Mountain.</td></tr><tr><td>Therapeutic community</td><td>The goal of the traditional residential/TC programs are to achieve changes in the client's value system and lifestyle, develop self-control, and return the individual to the community to live as a self-sufficient, effectively functioning member of society.</td></tr></table>	Inpatient hospital detox	A 24-hour hospital stay primarily for medical services designed to withdraw individual from alcohol and other drugs.	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inpatient hospital. The goal of these programs is to stabilize the client with chronic treatment substance abuse problems and co-occurring medical or psychiatric problems. Programs may include diagnoses of the severity of the client's substance abuse problem; individual, group, and family counseling; 12-step groups; or other interventions designed to promote cognitive and behavioral change.

Item		Item Description, Definitions, and Entry Instructions
IA	UA	
	17	<b>Treatment Services Rendered (continued)</b> <u>NOTE:</u> Record from Client Record. <u>NOTE:</u> Descriptions outlined below reflect general American Society of Addiction Medicine (ASAM) criteria. For services that do not meet the exact criteria listed below, indicate the service that best fits what the client received. <i>Mark all that apply.</i>
		Other residential treatment      The goal of these programs is to aid the client into attaining a drug-free state and to develop practical skills and tools to enable clients to sustain them in society.
		Halfway house      The goal of this program is to take the client away from the environment where he/she uses drugs and/or away from the family in conflict. Such programs attempt to provide a new, more wholesome environment where the client can learn more about his/her behavior, the potential consequences of this behavior, and why and how it should be modified. Programs stress individual and group counseling, educational activities, recreation, and drug education.
		Case management      Includes the arrangement, linkage, or integration of multiple services as they are needed or being received by the individual within the area program/LME, or from other agencies with those services being received through the area program/LME. It may include advocacy on behalf of the individual, supportive counseling, and monitoring the provision of services to the individual. It may also include training or retraining activities required for successful maintenance or re-entry into the client's vocational or community living situation.
		Methadone administrative detox      Describes a client who has a planned schedule for detoxification from methadone due to program non-compliance.
		None of these      None of these treatment services rendered apply to the client.
	18	<b>Services Received and Still Needed</b> <u>NOTE:</u> Record from Client Record.
	Educational improvement      Includes educational needs assessment or testing, adult basic education in reading or writing, preparation for GED or high school equivalency exam, GED classes or other educational courses, tutoring in reading, math, or other basic skills, referral to school, training, or vocational rehabilitation, general counseling about education plans or opportunities, or some other educational related service.	
	Finding or keeping a job      Includes job search workshop/counseling, resume writing, interviewing skills, job referral, referral to a public or private agency for help in finding a job, job placement, vocational or employment testing or assessment, or some other employment related service.	
	Food or shelter      Includes assistance with budgeting and money management, referral to social services, social security, veterans affairs, or private charitable organization, food, clothing, and shelter.	
	Transportation      Includes a vehicle or reliable mode of transportation, such as bus, to attend educational, employment, treatment, or other activities.	
	Child care      Includes a babysitter or other type of day care service.	

	Family and/or relationships	Includes counseling for problems with spouse/partner or parents, parenting, child care, child rearing, sex education or sexuality counseling, death or bereavement, or other family or relationship oriented service.
	Medical	Includes physical or dental exams and/or treatment, glasses, hearing aids, admission to hospital or clinic, medication (including dosage regulation, side effects, and their management), diet or nutritional advice, exercise of physical fitness, prenatal care, or some other medical service.

Item		Item Description, Definitions, and Entry Instructions
IA	UA	
	18	<b>Services Received and Still Needed (continued)</b> <b>NOTE:</b> Record from Client Record.
		Psychological/emotional Includes psychiatric or psychological services for emotional problems such as feeling down, depressed, tense or anxious, psychological/psychiatric testing or assessment, and medication (including dosage regulation, side effects, and their management).
		Screening for HIV/TB/HEP Screening referral for HIV, TB, and/or HEP
		Treatment referral for HIV/TB/HEP Treatment referral for HIV, TB, and/or HEP
		Legal Includes representation in civil case (divorce, custody, etc.), representation in criminal case, assistance with probation or parole, assistance with legal matters not brought to court (will, deed, etc.), referral to lawyer or legal aid, or some other legal oriented service.
		Interpreter (deaf or foreign language) Includes receiving services from a deaf or foreign language interpreter in order to communicate.
		Tobacco use cessation Includes counseling, education, or pharmaceutical intervention to reduce use of any tobacco products.
	19	<b>Family Contact</b> <b>NOTE:</b> Record from Client Record. Mark whether or not the client's family or significant other has been involved in any face-to-face contact with program staff concerning treatment planning, treatment services, person-centered planning, or child and family team meetings.
	20	<b>Barriers to Treatment</b> <b>NOTE:</b> Record from Client Record Mark any of the following choices for reasons why client is having problems participating in treatment:
		Housing Client does not have a reliable, consistent place to be contacted for scheduling services or the unreliability of housing interferes with attending treatment.
		Transportation Client has no vehicle or reliable mode of transportation, such as bus, to attend needed treatment or services.
		Child care Client is unable to attend treatment services because he/she does not have a babysitter or available child care during the time traveling to and from treatment and/or time receiving treatment or services.
		Scheduling Client cannot make times treatment or service is provided due to some other legitimate conflict such as work, education, or caring for children.
		Cost of treatment Client has no financial resources, such as insurance, savings, or job, to cover payment for treatment or services.
		Health status Client is unable to attend treatment or services due to physical impairment or mental illness.
		Confidentiality Client chooses not to attend due to concerns about maintaining privacy and/or anonymity within client's community.
		Other Client has other issues not listed above.
		None of these None of these barriers to treatment apply to the client.

	<p><b>21 Description of how items are being gathered</b></p> <p>Indicate how items 21-34 are being gathered by marking in-person interview (info gathered in a face-to-face interview with client), telephone interview (info gathered in an interview conducted via telephone), or from clinical record/notes (info gathered from clinician's notes, clinical record, collateral, or other secondary source). <u>In-person interviewed is preferred.</u></p> <p><i>Mark all that apply.</i></p>
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Item		Item Description, Definitions, and Entry Instructions
IA	UA	
15	51	<b>Health Insurance Coverage</b>
		<u>NOTE:</u> Insurance does not need to cover substance abuse treatment.
		None Client has no health/medical insurance. If client has training school insurance, please mark "None."
		Private insurance/health plan Client has private insurance with a health plan.
		CHAMPUS/CHAMPVA Client has military insurance.
		Health Choice Client has State insurance.
		Medicaid Client receives Medicaid (federal insurance program) services and has a Medicaid card.
		Medicare Client must be at least 65 or older to receive benefits or disabled.
		Other Client has other type of health insurance.
		Unknown Client does not know type of health insurance.
16		<b>Educational Attainment</b>
		<u>NOTE:</u> Client must have completed grade or received diploma or certificate. Otherwise, if the client has begun the grade/course and has not yet completed, record lower grade or lesser category. For example, if client has not yet completed Grade 6, mark 'Grade school (K-5)' as choice.
		Grade school (K-5) Completed any of the grades in grade school (K-5).
		Middle school (6-8) Completed any of the grades in middle school (6-8).
		HS (9-12), no diploma Graduated from middle school and completed some courses in high school, but did not graduate.
		HS diploma/GED Received HS diploma or General Equivalency Degree.
		Some college or technical school Some college or technical training, no degree. Includes certificates from a vocational or trade school or licenses to practice a trade.
		2-year college/associate degree Received community or junior college degree.
		4-year college degree Received bachelor's degree. Must have degree, if not, mark "Some college or technical school."
		Graduate work, no degree Received 4-year college degree and has taken some graduate courses.
		Professional degree or more Includes master's degree, law degree, or doctoral degree.
17	23	<b>Education Programs</b>
		If client is enrolled in an educational program, mark the type of program(s) they are in:
		Alternative Learning Program (ALP) Includes schools and programs with a wide array of activities, locations, and student characteristics. Serves selected at-risk students, suspended or expelled students, students whose learning styles are better served in an alternative program, or provides individualized programs outside of a standard classroom setting in a caring atmosphere which students learn the skills necessary to redirect their lives. Assists students in meeting requirements for graduation.
		Academic schools (K-12) Includes Kindergarten through 12 <sup>th</sup> grade (private, public, or home schooling) and training school.
		Technical/Vocational school Includes career-oriented, technology-based schools or private college systems focused on technology-oriented programs of study or schools that train for skilled jobs.
		College Includes private or public 2-year and 4-year colleges.

		GED Program, Adult literacy	includes General Equivalency Degree program or other adult learning programs.
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Item		Item Description, Definitions, and Entry Instructions
IA	UA	
18	24	<b>Education (K-12 only)</b> <u>NOTE:</u> Leave blank for adult and children not enrolled in school. a. Report what grade individual is currently in. If client is out of school for the summer, report what grade the client will be in the next school year. b. Mark what grades the individual receives most of the time. For example, if on the latest report card the individual has 3 C's and 2 B's, mark that the client receives mostly C's.
19	25	<b>Educational Interruptions (K-12 only)</b> <u>NOTE:</u> Leave blank for adult and children not enrolled in school. Report how many days of school the individual has missed due to the following categories: a. Expulsion Client was expelled from school for any reason. b. Suspensions Client was suspended from school for any reason. Does not include in-school suspension. c. Truancy Client stays out of school without permission. Does not include excused absences such as illness. d. Indicate if client is currently expelled from school.
20	52	<b>Hours Worked Per Week</b> a. Report average number of hours worked in a full-time or part-time job per week, including seasonal work and odd jobs. b. Unpaid hours – Report average number of unpaid hours worked per week. Unpaid work includes restitution, community service, vocational rehabilitation, and TANF. TANF unpaid work is defined as an unpaid training opportunity that is authorized by DSS within a public non-profit agency, or public or private for-profit organization. Do not include volunteer work.
21a	26a	<b>Employment Status</b> <i>Mark only one.</i> Full-time work Includes working 35 hours or more each week at a legitimate job (work for taxable income), including members of the uniformed services. May be a temporary job. Part-time work Includes working less than 35 hours each week at a legitimate job (work for taxable income). May be a temporary job. Unemployed Seeking work during the past 30 days or on layoff from a job. Not in labor force Not seeking work during the past 30 days or a homemaker, student, retired, disabled, or an inmate of an institution.
21b	26b	<b>Reasons for Not Seeking Work</b> Indicate which activity/situation describes the current reason for not seeking work. Mark all that apply. Homemaker Keeping own household full-time with no outside paid work. Student Enrolled in public or private school, college, or trade school. Includes full-time or part-time. Retired Not looking for work and permanently left the labor force after working 20+ years. Worked full-time or part-time prior to retirement. Disabled Meets the criteria for physical or mental health disability that keeps the client from permanently participating in the work force. This also includes a person applying for disability. Incarcerated Includes prison, local jail, juvenile detention center, youth development center (training school) or other correctional facility. Institutionalized Hospitalized for medical or psychiatric reasons, unable to live independently. Lives in an institution that restrains a person from the labor force (hospital, psychiatric hospital, Mental Health/Substance Abuse inpatient hospital or residential treatment facility, etc.) Other Client has other reason(s) for not seeking work.

Item		Item Description, Definitions, and Entry Instructions
IA	UA	
22	22	<b>Marital Status</b> Indicate client's current marital status.
		Married      Legal marriage, including common law marriage.
		Living as married      Includes relationships where the client is cohabitating with a sexual partner. This includes same sex partnerships. This does not include a roommate or spouse.
		Divorced      If client has not remarried or is not currently living as married.
		Separated      Includes those separated legally or otherwise absent from spouse because of marital discord and not because of separations due to requirements of employment, education, or family.
		Widowed      If client has not remarried or is not currently living as married.
		Never been married (Initial)      Includes client who has never been married or marriage was annulled.
		No change (Update)      Marital status has not changed since last assessment
23	27	<b>Living Arrangement</b> Mark <u>who</u> client lives with most of the time. Choices include: Lived alone, spouse/partner, child(ren), parent(s), grandparent(s), sibling(s), other relative(s), foster family, and other. <i>Mark all that apply.</i>
24	28	<b>Living Arrangement</b> Mark <u>where</u> client lives most of the time.
		Homeless      Clients with no fixed address. Includes living in a shelter, on the street, or in a vehicle.
		Correctional facility      Includes juveniles or adults living in a prison, local jail, juvenile detention center, youth development center (training school) or other correctional facility.
		Institution      Includes Mental Health/Substance Abuse inpatient hospital or residential treatment facility.
		Community-based facility      Includes halfway house, group/therapeutic homes, residential recovery program, or CASAWORKS.
		Private      Includes a home, apartment, mobile home, dormitory, etc.
		Other      Includes any other type of living arrangement not listed.
25	36	<b>Pregnancy Status of Client</b> <u>NOTE:</u> Females only a. Ask if client is currently pregnant, if she is, answer b through e. b. Weeks pregnant – Record the number of weeks the client has been pregnant. c. Referral to prenatal care – Mark if client has been referred to prenatal care. d. Receiving prenatal care – Mark if client is receiving prenatal care, defined as regular checkups according to usual obstetric practice. e. Primary health care provider – Mark if client has a public or private health care provider. Does not include emergency or urgent care physicians.
26	33	<b>Dependent Children</b> Indicate if client has children under the age of 18.  <u>NOTE:</u> Includes natural, adopted, step-, foster, or other children under the age of 18 that the client is legally responsible to raise. Mark box that applies.

b		<b>Custody Status</b> Refers to <u>legal custody</u> . Determine if client has legal custody of all, some, or none of his/her children.
	b	<b>Changes in Custody Status</b> Determine if there has been a change in legal custody status of the client's child(ren) since the last assessment.

Item		Item Description, Definitions, and Entry Instructions
IA	UA	
26	33	<b>Dependent Children (continued)</b> Indicate if client has children under the age of 18.  <u>NOTE:</u> Includes natural, adopted, step-, foster, or other children under the age of 18 that the client is legally responsible to raise. Mark box that applies.
c		<b>DSS Custody</b> Determine if DSS has physical legal custody of all, some, or none of his/her children.
	c	<b>Child Preventive and Primary Health Care</b> Determine if the child(ren) in the client's legal custody are receiving preventive medical care (i.e., immunizations) and/or primary medical care (i.e., ongoing medical treatment for an illness).
d		<b>Client Seeking Custody</b> Determine if the client is attempting to regain physical legal custody of all, some, or none of his/her children.
	d	<b>Termination of Parental Rights</b> Determine if client's parental rights were terminated by a court of law for all, some, or none of his/her child(ren).
e		<b>Child Preventive and Primary Health Care</b> Determine if the child(ren) in the client's legal custody are receiving preventive medical care (i.e., immunizations) and/or primary medical care (i.e., ongoing medical treatment for an illness).
27a	33e	<b>DSS Investigation</b> Determine if the client, who is a parent, has been contacted by a DSS worker following an abuse or neglect complaint/report.
27b	33f	<b>Infant Drug Screen Testing</b> Determine if the contact by the DSS worker in question 27a was initiated as a result of an infant testing positive on a drug screen.
28		<b>Treatment Required by DSS (Child Welfare Services)</b> Determine if the client is required to participate in treatment as part of a Child Protective Services Plan.
	34	<b>Birth Outcomes</b> <ol style="list-style-type: none"> <li>Ask if client has given birth since last assessment, if she has, answer b through f.</li> <li>Live birth – Mark if client had a live birth.</li> <li>Gestation in weeks – Record the number of weeks the client was pregnant.</li> <li>Birth weight – Record the birth weight in pounds and ounces of newborn.</li> <li>Well Baby/Health Check services – Mark if baby is receiving this service.</li> <li>Prenatal care – Mark if client is receiving prenatal care, defined as regular checkups according to usual obstetric practice.</li> </ol>
29a	38a	<b>Positive Community/Leisure Involvement</b> Includes organized community activities (e.g., sporting events, shopping, library, youth training school, youth groups at church, or other activities in the community) and/or club meetings. Does not include religious services or non-positive activities such as gang related activities.
29b	38b	<b>Self-Help Group Participation</b> Includes activities such as Alcoholics Anonymous (AA), Narcotics Anonymous (NA), self-help, self-advocacy, or other community peer support groups.
	35	<b>Client Present/Not Present</b> Indicate if client is present for in-person interview or available for a telephone interview. Complete items 35-53 on Update Assessment if client is present. Do not complete any more items on Update Assessment if client is not present.

Indicate if client has a sponsor and if he/she does, indicate how often he/she has had contact with their sponsor in the past month.

Item		Item Description, Definitions, and Entry Instructions
IA	UA	
30	29	<p><b>Substance Abuse</b></p> <p>Mark the appropriate box for frequency of use for each substance on the Initial Assessment during the past 12 months and past 3 months.</p> <p>The Update Assessment only refers to the past month of substance abuse.</p> <p>Clinicians should use their best clinical judgment for marking the frequencies. For example, if a client responds that he/she has used a substance once in the past three months, an "x" should be marked under 1-3 times monthly because that is the most accurate description of frequency of use.</p> <p>Substances prescribed by or taken under the advice of healthcare professionals such as physicians, nurses, or pharmacists, should <u>not</u> be included in any of the drug frequencies unless client is <u>not</u> taking the substance as ordered.</p> <p><b>Frequency of use periods:</b> Not used, 1-3 times monthly, 1-2 times weekly, 3-6 times weekly, Daily</p> <p><b>Substances</b></p> <p>Tobacco use Any tobacco products including cigarettes and chewing tobacco.</p> <p>Heavy alcohol Defined as having 5+ (if male) or 4+ (if female) alcoholic drinks [beer, use wine, or liquor] in one sitting.</p> <p>Less than Defined as having less than 5 (if male) or less than 4 (if female) heavy alcohol alcoholic drinks [beer, wine, or liquor] in one sitting.</p> <p>use</p> <p>Marijuana or hashish use This includes THC or any other cannabis sativa preparations.</p> <p>Cocaine or crack use Cocaine in any form.</p> <p>Heroin Includes the use of heroin alone or in combination with other drugs.</p> <p>Other opiates/ opioids Includes codeine, Dialaudid, morphine, Demerol, opium or any other drug with morphine-like effects.</p> <p>Other drug use Use the other drug codes to report a drug use that is not listed above.</p> <p><b>Other drug codes</b></p> <p><b>5</b> Non-prescription Methadone</p> <p><b>7</b> PCP – Phencyclidine</p> <p><b>8</b> Other Hallucinogen – Includes LSD, DMT, STP, Mescaline, Psilocybin, Peyote, etc.</p> <p><b>9</b> Methamphetamine</p> <p><b>10</b> Other Amphetamine – Includes Benzedrine, Dexedrine, Preludin, Ritalin, and any other amines and related drugs</p> <p><b>11</b> Other Stimulant – Includes non-amphetamine stimulants</p> <p><b>12</b> Benzodiazepine – Includes Diazepam, Flurazepam, Chlordiazepoxide, Clorazepate, Lorazepam, Alprazolam, Oxazepam, Temazepam, Prazepam, Riazolam, Clonazepam, Halazepam, and other Unspecified Benzodiazepines</p> <p><b>13</b> Other Tranquilizer – Includes non-benzodiazepine tranquilizers</p> <p><b>14</b> Barbiturate – Includes Phenobarbital, Seconal, Nembutal, etc.</p> <p><b>15</b> Other Sedative or Hypnotic – Includes Sedatives/Hypnotics, Chloral Hydrate, Placidyl, Doriden, etc.</p> <p><b>16</b> Inhalant – Includes ether, glue, chloroform, nitrous oxide, gasoline, paint thinner, etc.</p>

		22	Over the Counter – includes aspirin, cough syrup, Tylenol, and any other legally obtained, non-prescription medication
		22	OxyContin – Oxycodone
		29	Ecstasy – MDMA

Item		Item Description, Definitions, and Entry Instructions
IA	UA	
31	30	<b>Tobacco Use</b> Report how many cigarettes client has smoked per day, on average, in the past month.
32	42	<b>Abstinence</b> <u>NOTE:</u> Defined as habitual abstaining from alcohol and other drugs. At Initial, determine how long he/she has been abstinent from alcohol or other drugs. At Update, determine how long client has been abstinent from alcohol or other drugs, if at all, and if abstinence is a goal.
33		<b>Longest Period of Abstinence</b> Report how many days the client has had the longest period of abstinence from alcohol and other drugs.
34	43	<b>Injection Drug Use</b> <u>NOTE:</u> Defined as injecting a drug for non-medically sanctioned use. If client does not want to respond on Initial Assessment, mark deferred and let the client know the question will be asked at their next assessment.
35	44	<b>HIV Risk Behaviors</b> <u>NOTE:</u> Answer yes if the client indicates they may have participated in one or more of the listed behaviors. Recognition of specific item participated in is not necessary. If client does not want to respond on Initial Assessment, mark deferred and let the client know the question will be asked at their next assessment.
36a	45a	<b>Domestic Violence</b> Item refers to safety from violence as opposed to accidental injury. Item does not include sexual crime. If the abuse is a reportable offense under NC law, the clinician must follow the law for reporting abuse. If client does not want to respond on Initial Assessment, mark deferred and let the client know the question will be asked at their next assessment.
36b	45b	<b>Domestic Violence by Whom</b> If client has been hit, kicked, slapped, or otherwise physically hurt a few times or once a week or more, mark by whom they were physically hurt.
37	46	<b>Unwanted Sexual Acts</b> Item refers to client being forced or pressured to do sexual acts against his/her will. If client does not want to respond on Initial Assessment, mark deferred and let the client know the question will be asked at their next assessment.
38	48	<b>Suicidal Attempts</b> Indicate if client has ever attempted suicide in their lifetime.
39	47	<b>Suicidal Thoughts</b> Indicate if client has had thoughts of suicide in the past 3 months (Initial) or since the last assessment (Update).
40	37	<b>Faith, Prayer, Religious, or Spiritual Involvement</b> Indicate how often client uses faith, prayer, religious or other spiritual involvement to help with daily living.
41		<b>Arrest/Petition History</b> Report how many times client has been arrested or had a petition filed for adjudication (juvenile system) in their lifetime.
42	31	<b>Current Criminal or Juvenile Justice Status</b> Indicate if client is currently under any type of correctional supervision including pre-trial (prior to trial and/or plea bargain), sentenced (after trial and/or plea bargain, but prior to serving a sentence in prison or house arrest with no active supervision), or post-sentence supervision (includes probation, parole, or post-release).

Item				
IA	UA	Item Description, Definitions, and Entry Instructions		
43	32	<b>Recent Arrests/Petitions Filed</b> Indicate if client has been arrested or had a petition filed for adjudication (juvenile system) for any offense including DWI in the past 6 months (Initial) or since the last assessment (Update).		
44		<b>Treatment Required by the Criminal or Juvenile Justice System</b> Indicate if client's admission to treatment is required by the criminal or juvenile justice system.		
45		<b>Prior Weeks In Treatment (not including detox)</b> Indicate how many weeks, in the three months prior to current admission, client was enrolled in substance abuse treatment (not including detox). Round the number of weeks in treatment. For example, if client responds two and a half weeks, enter "3" in the appropriate box.		
46	50	<b>Time Spent in Different Types of Facilities</b> <ul style="list-style-type: none"><li>a. Report number of nights spent in a medical/surgical hospital.</li><li>b. Report number of nights spent in an inpatient hospital psychiatric facility.</li><li>c. Report number of nights spent in an inpatient hospital substance abuse treatment facility – Includes both drug and alcohol problems.</li><li>d. Report number of admissions to a detoxification facility.</li><li>e. Report number of visits to a hospital emergency room.</li><li>f. Report number of contacts to an after hour emergency/crisis facility – Client must have had face-to-face contact with crisis staff. Does not include telephone contact or calls to crisis line.</li></ul>		
47		<b>Lifetime Admissions to Facilities</b> <ul style="list-style-type: none"><li>a. Report how many admissions to an inpatient hospital or residential substance abuse treatment facility.</li><li>b. Report how many admissions to a detoxification facility.</li><li>c. Report how many admissions to an outpatient substance abuse treatment facility.</li><li>d. Report how many admissions to an inpatient hospital mental health treatment facility.</li><li>e. Report how many admissions to an outpatient mental health treatment facility.</li></ul>		
48	39	<b>Stable Relationships</b> Indicate if client has an active, stable relationship with at least one adult who is a positive role model (i.e., member of clergy, neighbor, family member, coach).		
49	41	<b>Family Support for Treatment</b> Support includes giving transportation to treatment services, household consideration for recovery, and/or participation in treatment sessions.		
50	49	<b>Psychological Well-Being, Physical Health, and Relationships</b> Indicate how well client has been doing in their psychological health (well-being), physical health, and relationships with family or significant others in the past year (Initial) or since the last assessment (Update).		
51		<b>Client Services</b> <table><tr><td>Educational improvement</td><td>Includes educational needs assessment or testing, adult basic education in reading or writing, preparation for GED or high school equivalency exam, GED classes or other educational courses, tutoring in reading, math, or other basic skills, referral to school, training, or vocational rehabilitation, general counseling about education plans or opportunities, or some other educational related service.</td></tr></table>	Educational improvement	Includes educational needs assessment or testing, adult basic education in reading or writing, preparation for GED or high school equivalency exam, GED classes or other educational courses, tutoring in reading, math, or other basic skills, referral to school, training, or vocational rehabilitation, general counseling about education plans or opportunities, or some other educational related service.
Educational improvement	Includes educational needs assessment or testing, adult basic education in reading or writing, preparation for GED or high school equivalency exam, GED classes or other educational courses, tutoring in reading, math, or other basic skills, referral to school, training, or vocational rehabilitation, general counseling about education plans or opportunities, or some other educational related service.			

	finding or keeping a job	includes job search, workshop/counseling, resume writing, interviewing skills, job referral, referral to a public or private agency for help in finding a job, job placement, vocational or employment testing or assessment, or some other employment related service.
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Item		Item Description, Definitions, and Entry Instructions
IA	UA	
51		<b>Client Services (continued)</b>
		Food or shelter Includes assistance with budgeting and money management, referral to social services, social security, veterans affairs, or private charitable organization, food, clothing, and shelter.
		Transportation Includes a vehicle or reliable mode of transportation, such as bus, to attend educational, employment, treatment or other activities.
		Child care Includes a babysitter or other type of day care service.
		Family and/or peer relationships Includes counseling for problems with spouse/partner or parents, parenting, child care, child rearing, sex education or sexuality counseling, death or bereavement, or other family or relationship oriented service.
		Medical Includes physical or dental exams and/or treatment, glasses, hearing aids, admission to hospital or clinic, medication (including dosage regulation, side effects, and their management), diet or nutritional advice, exercise of physical fitness, prenatal care, or some other medical service.
		Psychological/emotional Includes psychiatric or psychological services for emotional problems such as feeling down, depressed, tense or anxious, psychological/psychiatric testing or assessment, and medication (including dosage regulation, side effects, and their management).
		Legal Includes representation in civil case (divorce, custody, etc.), representation in criminal case, assistance with probation or parole, assistance with legal matters not brought to court (will, deed, etc.), referral to lawyer or legal aid, or some other legal oriented service.
		Interpreter (deaf or foreign language) Includes receiving services from a deaf or foreign language interpreter in order to communicate.
		Tobacco use cessation Includes counseling, education, or pharmaceutical intervention to reduce use of any tobacco products.
	53	<b>Helpfulness of Program Services</b> Indicate how important it is to the client to receive help or services in educational improvement, finding or keeping a job, food or shelter, transportation, child care, family and/or peer relationships, medical, psychological/emotional, legal, interpreter (deaf or foreign language), and tobacco use cessation.

# **APPENDIX**

## **NC-TOPPS FORMS**

**Initial Assessment Form**

**Update Assessment Form**

**Transmittal Form**

**Clinician Enrollment Form**

# **NC-TOPPS Initial and Update Assessment Forms: For SFY 04-05**

## **Page 1**

New forms are distinguishable from previous forms by their color and two headers on each page:

- The Initial Assessment is yellow and the Update Assessment is green
- “For SFY 04-05” is in the middle of the heading
- “[7/1/04 Revision]” is in the right lower part of the heading next to the page number.

**Please discard all NC-TOPPS forms that are not yellow or green and do not have these headers. From July 1, 2004, only forms with these headers will be accepted.**

	<div style="text-align: center; font-size: small;"><b>Client Record Number</b></div> <table border="1" style="margin: auto; width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										<div>NC-TOPPS Initial Assessment</div> <div>For SFY 04-05</div> <div>[7/1/04 Revision]</div>	<b>1</b>	
RECORD ON EVERY PAGE													

Changes have been made to the Initial and Update Assessment forms, therefore, prior to using, please make sure your clinicians review these revised forms in conjunction with the enclosed Training Manual. These changes were based upon the collaborative effort and are the result of feedback from the Advisory Committee, specialty population committees, and clinicians who attended the trainings.

### **Notable changes to the Initial Assessment:**

Item 11 – Eligibility & Special Populations, added category “HIV” and changed “Methadone/LAAM” to “Methadone/Buprenorphine”

Item 14 – Race, deleted “n” in Alaskan Native. Now reads as “Alaska Native”

Item 17 – Education, deleted “formal” in front of educational program for credit

Item 20b – Work for Pay, deleted “TANF” in front of unpaid hours

Item 23 – Living Situation, added 3 categories: Grandparent(s), Sibling(s), Other relative(s)

Item 30 – Substance Abuse, changed format of question

Item 32 – Abstinence, changed format of question

Item 41 – Lifetime Arrests, changed format of question

Item 43 – Arrests for DWI, changed format of question

### **Notable changes to the Update Assessment:**

Item 11b – Type of Assessment, separated “Incarcerated” and “Institutionalized”

Item 12d – CAFAS Updated, new question

Item 13 – Eligibility & Special Populations, added category “HIV” and changed “Methadone/LAAM” to “Methadone/Buprenorphine”

Item 14 – Dosage Level for Medications, deleted “LAAM” and replaced with “Buprenorphine”

Item 19 – Face-to-Face Contact, changed format of question and responses

Item 27 – Living Situation, added 3 categories: Grandparent(s), Sibling(s), Other relative(s)

Item 29 – Substance Abuse, changed format of question

Item 32 – Arrests for DWI, changed format of question

Item 42 – Abstinence, changed format of question

Item 47 – Attempted Suicide, new question

Item 52 – Work for Pay, deleted “TANF” in front of unpaid hours

All items on the Initial Assessment are to be completed during a face-to-face interview for each client admitted to the treatment program. All items on the Update Assessment are to be completed for each client that is present when the Update is due. Updates should be completed at the following times: 3 month, 6 month, 12 month, Other annual, Transfer or Discharge. If the client is scheduled for a 3 month, 6 month, 12 month, or Other annual Update and is also scheduled for a Transfer or Discharge, only mark 'Transfer or Discharge' on the form.

The Update Assessment has three sections to distinguish what needs to be filled out by client record and what needs to be filled out when the client is present. It is preferable to complete Sections II and III **with the client** in order to insure that the information is representative of their current situation. Clinicians are allowed to interview a client via telephone if the client is unable to attend a face-to-face session for an interview. However, Section II may be filled out by the clinician, using the client record, even if the client is not available for an in-person or telephone interview. This expansion of options is implemented in order to gather more outcomes for each client. Below is an explanation of each section:

**Update Assessment, Section I:** Items 1-20 on the Update are to be completed using the client record.

**Update Assessment, Section II:** Items 21-34 on the Update are to be completed if the client is present for an in-person interview or available for a telephone interview. If the client is present for an in-person interview, use the information gathered in the face-to-face interview with client. **Having the client present for an in-person interview is always preferred.** If the client is available for a telephone interview, use the information gathered in an interview conducted via telephone. If the client is not present for either an in-person or telephone interview, use information gathered from clinical records, notes, collateral, or other secondary source.

**Update Assessment, Section III:** Items 35-53 on the Update are only to be completed if the client is present for an in-person or telephone interview. If client is not present, stop at question 35. Use the same method of gathering information from an in-person or telephone interview as above.

I would like to remind each program to do the following:

- ❖ Review the revised forms before use.
- ❖ Ensure use of the correct form by checking for the proper color and date at the top of the Initial and Update assessment.
- ❖ When returning completed Initial and Update Assessments to CUACS, include a Transmittal Form.
- ❖ Complete a Clinician Enrollment Form for new clinicians and return with Assessment forms.

If you have questions regarding the use of these forms or need additional Assessment forms, you may contact Kathryn Haynes Long at 919.515.1310 or by email: [kathryn\\_long@ncsu.edu](mailto:kathryn_long@ncsu.edu). I would also like to take this opportunity to inform everyone of our NC-TOPPS website (<https://nctopps.ncdmh.net>) which is available for viewing. If you have suggestions for items to post on the website, please let Kathryn know.

# NC-TOPPS TRAINING DATES

## **WHEN/WHERE:**

- August 5, 2004 (Thursday) at NCSU University Club,  
4200 Hillsborough St., Raleigh, NC
- August 12, 2004 (Thursday) at Catawba Valley Community College,  
2550 Highway 70 SE, Hickory, NC

**Sessions are from 12:30 to 4 p.m. Registration starts at noon.**

**FOR WHOM:** Clinicians, quality improvement, client record and administrative staff **new to NC-TOPPS paper Assessment forms**

See your NC-TOPPS Coordinator or Substance Abuse Director for a **REGISTRATION FORM**, or download the form from <https://nctopps.ncdmh.net> . **Registration required by July 30, 2004.**

# TRAINING REGISTRATION FORM

## North Carolina Treatment Outcomes and Program Performance System (NC-TOPPS) Training

Please check the training session you will attend (**check only one**). All sessions will be from 12:30 p.m. to 4 p.m. Registration begins at noon. Bagels/muffins and beverage will be provided.

\_\_\_\_\_ August 5, 2004, Thursday, Raleigh (NCSU University Club)

\_\_\_\_\_ August 12, 2004, Thursday, Hickory  
(Catawba Valley Community College)

(Location and directions will be sent to you prior to your training date by fax or e-mail. We are applying for credit hours through NC Substance Abuse Professional Certification Board.)

Please complete the following information. Please print.

Name \_\_\_\_\_ Title \_\_\_\_\_

Area Program/Facility \_\_\_\_\_

Work address \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Fax \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ E-mail, if any \_\_\_\_\_

Send to Doris Leaston by July 30, 2004 via  
fax: 919-863-4601, or E-mail: [leaston@ndri-nc.org](mailto:leaston@ndri-nc.org)  
For more forms go to NC-TOPPS Web page (<https://nctopps.ncdmh.net/>) and download the form or just copy extras.